adiothon raises $270,000 for N.C. Children's Hospital

ter 2004

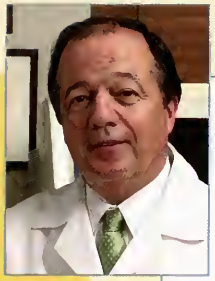
UNC Medical Bulle

A publication for alumni and friends
of the University of North Carolina at Chapel Hill School of Medicine and UNC Health Care

UNIVERSITY OF NORTH CAROLINA
FEB 3 2004

Neurology's GOLDEN ERA

How UNC is tackling one of medicine's most challenging frontiers



from the dean

Dear Alumni and Friends:

Most of you are aware that the university, including the School of Medicine, is in the midst of the Carolina First Campaign. I am pleased to report that in November 2003, the School of Medicine surpassed 75 percent of its goal to raise $350 million for medical education, research and patient care. This is an outstanding accomplishment, considering the campaign will run until June 2007, and stands as testimony to the commitment of our alumni, friends and faculty to the continued success of UNC medicine. We are grateful for this tremendous show of support.

Even though our campaign is progressing, we are emphasizing the need to increase our endowment. Income from endowed gifts provides us with a continuing, predictable source of funds that we can depend on to make financial commitments and build programs in perpetuity, as opposed to counting on annual funds. Given the current medical environment and economy, it is imperative to have a much larger endowment to sustain our excellence well into this century.

The current value of our endowment is $154 million. We lag significantly behind our peer public institutions, such as the universities of Michigan, Virginia and Washington, in total endowment and are dwarfed in comparison to private institutions with National Institutes of Health (NIH) funding similar to ours, such as Duke and Emory.

UNC would not be the outstanding institution it is today if not for our stellar faculty, students and researchers. Endowment funds are the mortar that strengthens each of these individual components. Endowed gifts can establish scholarships, professorships, research funds and even unrestricted funds. It is a financial reality that the very best students frequently choose a medical school that offers them the most financial support, rather than the school they would prefer to attend. We would like UNC to be in a position to allow both.

Our alumni recognized this need several years ago. Since Carolina First's inception, alumni have made gifts or pledges for 33 endowed scholarships toward our goal of 51.

Endowed professorships obviously provide an enormous advantage when recruiting the best faculty. A recent example is a gift from the late Robert Z. Lerner, undergrad class of '41, who made a gift of $1.2 million to establish an endowed professorship in neurology. This professorship helped our Department of Neurology to recruit a clinician researcher specializing in multiple sclerosis who has recently been awarded a career development grant from the NIH for $130,000 a year for the next five years.

Funds from endowments also benefit faculty by providing seed money for new initiatives. They can sustain a research project by providing gap funding if grant money expires before new funding is in place.

Endowed gifts can be made in many forms, from an outright gift of cash or property to a bequest or charitable remainder trust. In recognition of the value of future gifts to the continued financial stability of the School of Medicine, we instituted The W. Reese Berryhill Society in 2002 to recognize those generous individuals who, through a planned or estate gift, leave a lasting legacy for generations of students, faculty and patients. In its inaugural year, we were pleased to induct more than 150 charter members to The Berryhill Society.

As the Carolina First Campaign enters its final years, I hope you will seriously consider making a gift to benefit UNC Medicine's endowment. It will leave a lasting legacy, one which will benefit our many programs for generations to come.

Medical School Endowments 2002*

Public		Private	
UNC-CH	$153,735,458	Duke	$569,676,206
U. Michigan	$368,600,000	Emory	$743,132,056
U. Virginia	$382,458,118	Stanford	$1,131,595,241
U. Washington	$260,916,062	Washington (St. Louis)	$1,345,000,000

*as of June 30, 2002

Sincerely,

Jeffrey L. Houpt

Jeffrey L. Houpt, MD
Dean, School of Medicine
Vice Chancellor for Medical Affairs
CEO, UNC Health Care System
University of North Carolina at Chapel Hill

contents

COVER STORY
The golden era of Neurology 2

FEATURES

Healing from afar 14

Othopaedics' new chair 16

Evolving with his environment 20

Solace in brush strokes 24

The Bulletin turns 50 28

DEPARTMENTS

From the Dean . . . . . Inside Front Cover

Special Events 12

Alumni 19

Research 31

Faculty 36

News 38

Development 42

From the President . . . . . Inside Back Cover

CME/Alumni Calendar . . . . . Back Cover

page 2

page 16

page 20

on the cover

Neurology is being called one of medicine's great frontiers. And UNC neurologists are at the forefront of this exploration.
(Photo by Brian Strickland)

The UNC Medical Bulletin is published four times annually by the UNC-Chapel Hill Medical Alumni Association, Chapel Hill, NC 27514. Postage is paid by the nonprofit association through U.S. Postal Permit No. 24. Address correspondence to the editor, Office of Public Affairs & Marketing, School of Medicine, CB#7600, University of North Carolina, Chapel Hill, NC 27514.

Medical Alumni Association Officers

President
John W. Foust, MD '55
Charlotte

President Elect
George W. Cox, MD '66
Atlanta, Ga.

Vice-President
William M. Herndon Jr., MD '81
Charlotte

Secretary/Treasurer
Theodore C. Kerner, MD '85
Lewisville

Editorial Staff

Karen McCall
Vice Pres. Public Affairs & Marketing

Lynn Wooten
Editor, Asst. Dir. Public Affairs & Marketing

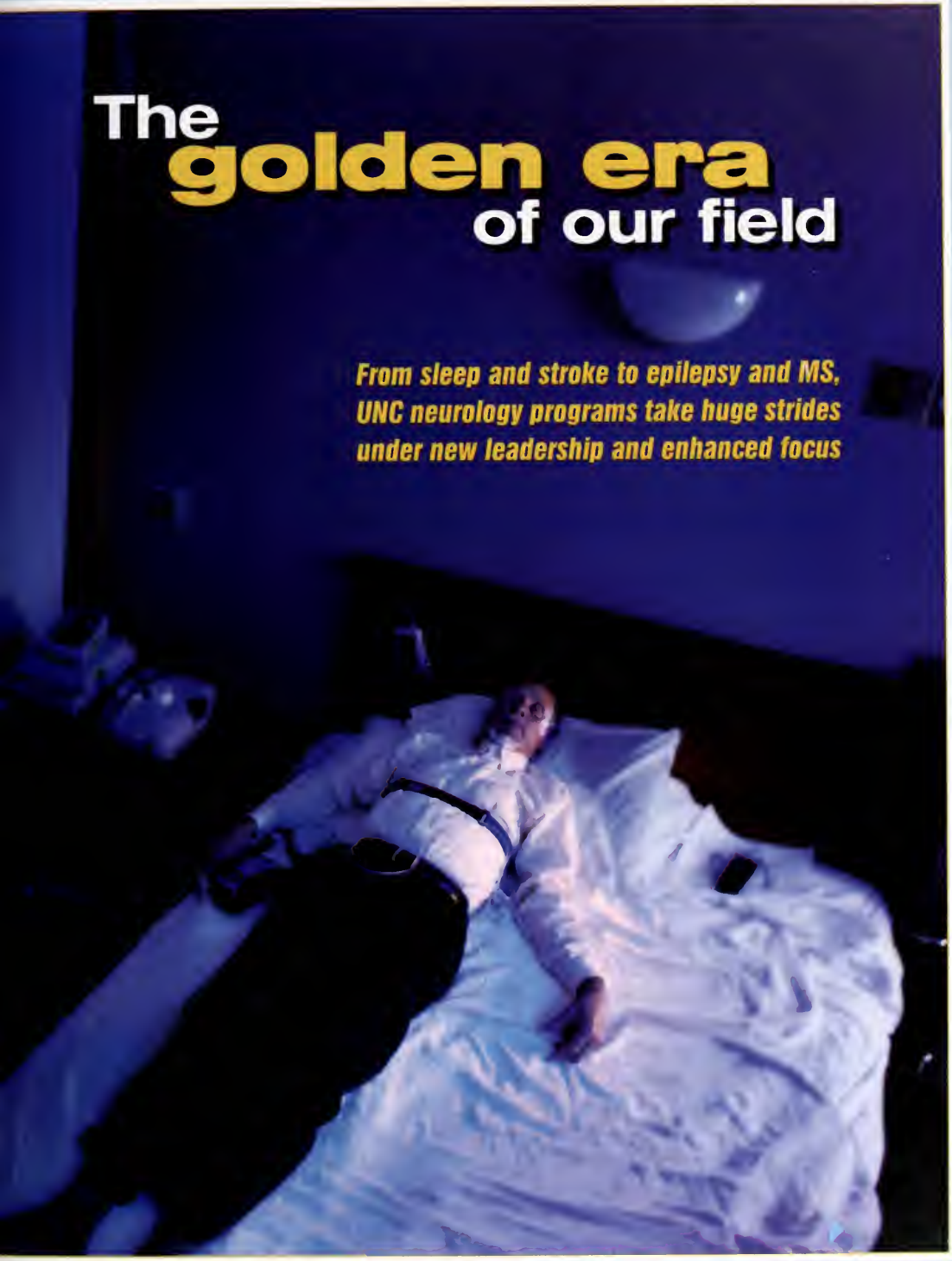
Dick Broom, Bernadette Gillis, Tom Hughes, Leslie H. Lang, Tom Maltais, Rebekah Temple and Eleanor Lee Yates
Contributing Writers

Jay Mangum, Brian Strickland, Rebekah Temple and Brad Wilson
Photographers

Photos by Brian Strickland

The golden era of our field

From sleep and stroke to epilepsy and MS, UNC neurology programs take huge strides under new leadership and enhanced focus



Sten Solander, MD, (right) and Christopher van der Meer, MD, perform a cerebral angiogram, a special X-ray of the blood vessels of the brain.

By Eleanor Lee Yates

Time was, neurologists only delivered bad news.

"Traditionally neurologists diagnosed incurable disorders. There were no therapies.

That's no longer true today," said Frank M. Longo, MD, PhD, chair of UNC's Department of Neurology.

And the news continues to get better.

"We're finding out more and more how the brain works and how to repair it. I think neurology is the final frontier in medicine. Of course, ask a cardiologist and he may not agree," Dr. Longo quipped.

During the last couple of years, the School of Medicine has supported an expansion of Neurology, one that would catapult the department into the upper echelon of its counterparts nationwide. Since Dr. Longo's arrival just two years ago, Neurology has added 14 doctors, most of whom are nationally and even internationally renowned. The department has started new programs and introduced new technology and therapies to treat and prevent strokes, epilepsy, Alzheimer's, dementia, Parkinson's, myasthenia gravis, multiple sclerosis, sleep ailments and other brain disorders.

There is a definite atmosphere of "this is the place to be" among the neurologists – and a strong feeling of collegiality and cooperation.

"Dr. Longo wants our program to be the best, not just for the sake of boasting, but to provide the best care to our patients," said Daniel Kaufer, MD, associate professor and director of the Memory and Cognitive Disorders Program.

The openings over the past decade of the N.C. Neurosciences Hospital, along with the N.C. Children's Hospital and N.C. Women's Hospital, have provided state-of-the art care settings for neurology patients.

Richard Murrow, MD, (left) demonstrates the programming of a deep brain stimulation device. Deep Brain Stimulation therapy can help improve symptoms of Parkinson's disease.

The department's own offices moved into the new Bioinformatics Building, and its laboratories acquired much more room in the new Neurosciences Research Center.

UNC hired Dr. Longo away from the University of California at San Francisco, where he trained in neurology and worked for 17 years. He earned both his MD and PhD from the University of California at San Diego. His father owned a large Toyota dealership and his mother was a registered nurse. But perhaps it was Dr. Longo's younger sister, afflicted with severe cerebral palsy, that most inspired him to become a doctor.

> "We're finding out more and more how the brain works and how to repair it. I think neurology is the final frontier in medicine."
>
> Dr. Longo

"As a young child, I had the expectation that doctors could make her better, that they could make her walk," he recalled. "This exposed me to what medical research is all about."

To say Dr. Longo hit Tar Heel ground running is not quite accurate; it was more of a gallop. In addition to heading the department, he still devotes much time to research in the lab and also teaches. His fields are Huntington's, Alzheimer's and other memory disorders. His own work is focused on a group of naturally occurring proteins, neurotrophins, which can prevent the degeneration of neurons. The proteins are too big to be used as drugs, but his UNC research team is devising drug-like compounds that work like natural proteins that can provide therapies for disorders such as Alzheimer's.

The new Memory and Cognitive Disorders program, headed by Dr. Kaufer with help from Heidi Roth, MD, provides cutting edge diagnostic and treatment services to those with Alzheimer's, dementia and other degenerative conditions.

"Our program is designed not to just do research, but also to bring the best diagnostic and treatment care services to patients," Dr. Kaufer said. The program is developing educational outreach programs and working closely with primary care doctors in communities, many of whom don't have the time to spend that they would like with their memory disorder patients.

Dr. Kaufer, who arrived last summer from the University of Pittsburgh, has gained international recognition for his studies on the overlap between Alzheimer's and

Parkinson's diseases. About 30 to 40 percent of those with Parkinson's develop dementia, and a similar number of patients with Alzheimer's develop motor difficulties associated with Parkinson's. Studies show that separate pathological changes associated with Parkinson's and Alzheimer's co-exist in the brain, thus making treatment a challenge. Research on this disorder, referred to as Dementia with Lewy Bodies, is underway at UNC to improve diagnosis and treatment in patients, Dr. Kaufer said.

The Memory and Cognitive Disorders program works collaboratively with the highly ranked School of Public Health. And Neurology faculty and researchers are collaborating more and more with other School of Medicine departments. Also, faculty and researchers are taking a team approach within the department, sharing information that can help colleagues.

"At other institutions there tends to be turf battles," says Dr. Kaufer. "The 'no boundaries' collaborative spirit at UNC ultimately benefits patients."

> "At other institutions there tends to be turf battles. The 'no boundaries' collaborative spirit at UNC ultimately benefits patients."
>
> Dr. Kaufer

A good night's sleep

UNC's Sleep Disorder Center is regarded as one of the finest in the country, studying more than 1,000 patients a year suffering from sleep apnea, narcolepsy, parasomia and other disorders. The center utilizes a team approach involving neurologists Bradley Vaughn, MD, and Maha Alattar, MD, pediatric neurologist O'Neill D'Cruz, MD, pulmonologist Brian Boehlecke, MD, and physician assistant Rebecca Torres. The sleep disorders program also involves physicians from ENT, Oral Surgery, Dentistry, Psychiatry and other areas. The Department of Neurology offers a sleep fellowship and has an array of researchers looking at the relationship of sleep and the treatment of sleep disorders to improve outcome in patients with stroke, epilepsy and genetic disorders. Research is also underway to utilize key markers in sleep that would identify individuals who are at risk for developing Parkinson's disease years prior to the onset of symptoms. UNC will add more neurologists trained in sleep disorders. The center started as a one-bed unit but will ultimately be expanded to 16 beds to accommodate 4,000 patients a year. Advances in electrophysiology and patient monitoring have been a boom to treatment and research in sleep disorders, Dr. Longo said.

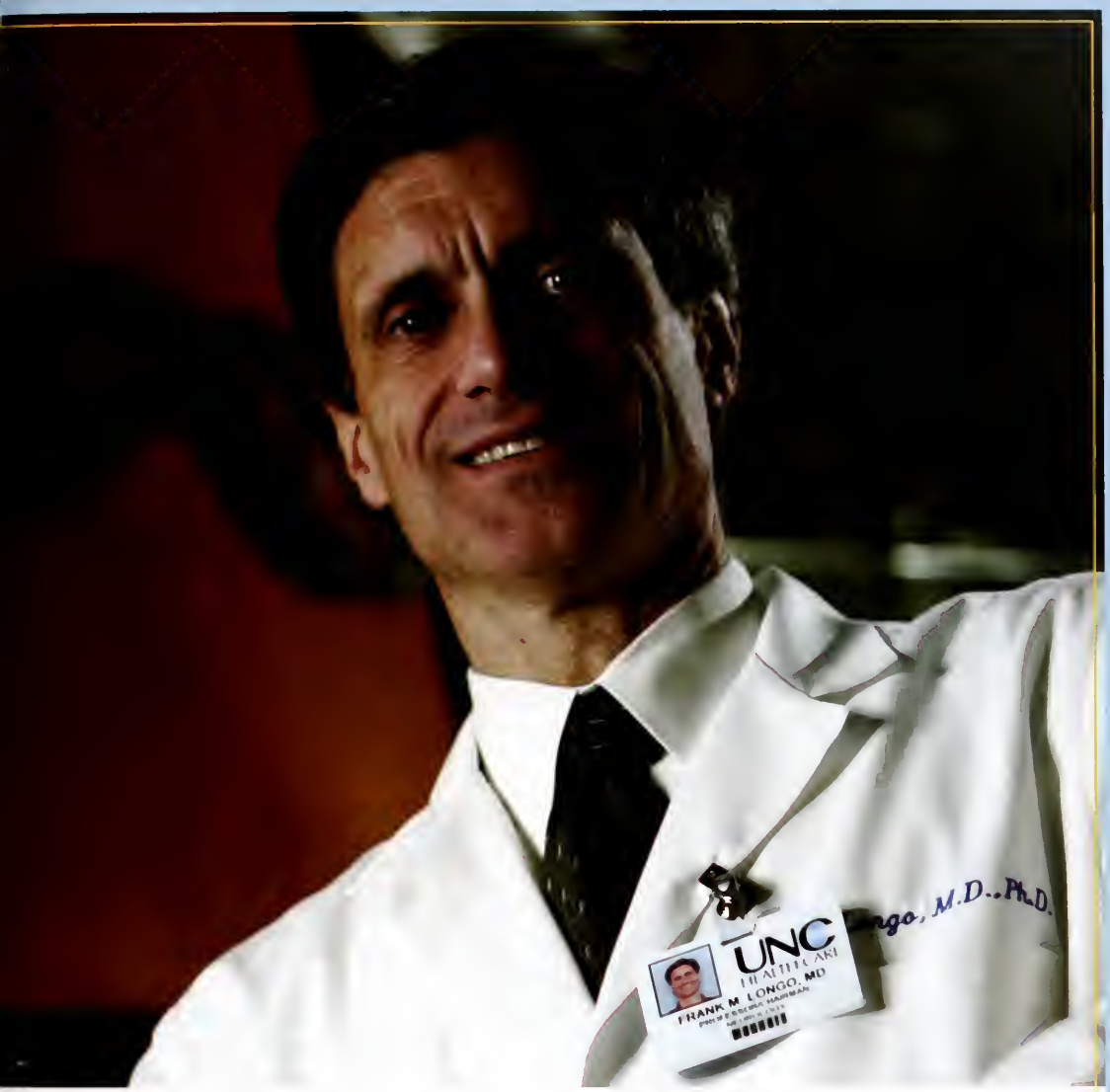
Dr. Vaughn also directs UNC's epilepsy program, which encompasses adult and child epilepsy. Comprehensive care in epilepsy has been a corner stone to this program. In addition to cutting-edge medical therapies, the epilepsy program offers state-of-the-art epilepsy surgery and device therapy. Megdad Zaatreh, MD, in neurology, along with Eldad Hadar, MD, in neurosurgery, direct the epilepsy surgery program and perform hundreds of evaluations a year.

Pediatric neurology to expand

UNC's Division of Child Neurology has come a long way since its inception as the first such program in North Carolina. Thomas Farmer, MD, the first neurology division chief, fostered a tradition of national academic repute and excellence publishing one of the first child neurology textbooks, Pediatric Neurology. Faculty in the division continue that tradition today, under the skilled direction of Robert Greenwood, MD.

"He is a great chief, he leads by example," said Dr. D'Cruz. Dr. Greenwood is the past chairman of the Neurology Residency Review Committee and runs the state's only dedicated Neurocutaneous Disorders Clinic. Dr. Greenwood's NIH-funded research in neurofibromatosis type 1 has sought to understand how a child's brain growth influences development and behavior.

Paroxysmal disorders, such as epilepsy and headaches, are common reasons for referral to child neurologists. Michael Tennison, MD, director of the EEG and Neurophysiology Program at UNC, has a special interest in improving the quality of care for children with these disorders. As a member of the Comprehensive Epilepsy Program



When UNC hired Frank Longo, MD, to chair Neurology, he already had worked in the field for 17 years. His research has focused on Alzheimer's, Huntington's and other memory disorders.

at UNC, he and others use cutting-edge, evolving and well-developed methods to treat children with epilepsy. UNC was one of the leaders in the development of the vagus nerve stimulator for the treatment of children with intractable epilepsy and is one of the few medical centers in North Carolina with expertise in the ketogenic diet. Work by Dr. Tennison and others led to the development of ways to monitor seizure medications at home without the pain of drawing blood.

"Plan the day around your night, if you wish to sleep alright" is an aphorism in the UNC Pediatric Sleep Disorders Clinic, directed by Dr. D'Cruz. "Behavioral and environmental interventions may suffice for healthy children with sleep difficulties," said Dr. D'Cruz, "whereas children with craniofacial and airway disorders, pulmonary diseases, and neurologic problems often need sleep studies for appropriate management." The pediatric sleep program at UNC had an annual growth rate

Brad Vaughn, MD, is focused on expanding UNC's sleep disorders program.

of 20 to 30 percent over the past three years. Exponential growth is anticipated with the recent publication of practice guidelines for sleep disorders in children.

The division is noted for an uncommon amount of stability in the undermanned and challenging specialty of child neurology. "I'm the new kid on the block. I've only been here 12 years," Dr. D'Cruz said. Members of the division attribute this success to their dedication to the children of North Carolina, a collegial workplace, and professional synergy. Just as well, because rapid population growth, recent medical advances and increase in indigent care over the past decade, has doubled the number of patient encounters per child neurologist. Currently, faculty average between 2,200 and 2,500 encounters a year, which is among the highest percentiles for academic child neurologists. The division plans to double the physician workforce in the next three to five years, with expansion of services targeted to underserved areas in the state.

Progress in Parkinson's disease and movement disorders

Xuemei Huang, MD, PhD, sailed through her science classes in her native China. She entered Bejiing Medical University at the age of 16 and later obtained a PhD in pharmacology at Purdue University where she studied basic drug mechanisms in brain. After specialty training in Parkinson's disease, Dr. Huang arrived at UNC in the fall of 2002. Dr. Huang has brought cutting-edge expertise in Parkinson's to hundreds of loyal patients, many of whom drive long distances to see her.

Because specific nerve cells die, Parkinson's patients lack the brain chemical dopamine.

"The average age for Parkinson's is 55 but much younger people can have it too. We just don't know why most people get it," said Dr. Huang. In her quest for answers she is using the latest method of brain imaging called functional MRI. The technology helps her research to solve the

enigma of why different Parkinson's patients have varying symptoms and how advanced brain imaging can help "customize" medical treatment for different forms of the disease.

"The goal is to better understand the brain circuitry of someone with Parkinson's and be able to choose the right medicine," she said. Last summer the National Institutes of Health awarded UNC close to $1 million for her research. Dr. Huang also collaborates with the School of Public Health and has found a correlation between Parkinson's susceptibility and a gene normally thought to be associated only with good health.

UNC will soon begin performing the implantations, and the university should become known as one of the top deep brain stimulation centers in the country.

Interestingly, Dr. Huang's husband, Richard Mailman, PhD, is also a professor in the UNC School of Medicine and works closely with the Neurology Department. Dr. Mailman's research has led to a promising new class of drugs for treatment of Parkinson's and of cognition. "It's a special treat for Richard and me to get to share the excitement of each other's work – We each have a consultant on call 24 hours a day," Dr. Huang said.

Dr. Huang said an important part of her job is spreading the latest information. She and other Department of Neurology physicians lecture and meet with doctors throughout the state through Area Health Education Centers (AHEC), passing on information and establishing a pipeline to care for patients.

Another coup for the Movement Disorders program is the recruitment of Alex Troster, PhD, a neuropsychologist from the University of Washington in Seattle who specializes in Parkinson's. Dr. Troster is an expert on recognizing the effects of deep brain stimulation on cognition and determining which patients do best with the new therapy.

Richard Murrow, MD, who arrived at UNC in August, displays video scenes on his laptop that are nothing short of a miracle. A patient suffering severe Parkinson's symptoms is wheelchair bound in a nursing home. His head and arms jerk erratically. In the next frame, there's the patient again. He's no longer in the wheelchair or the nursing home. He's smiling and talking with no tremors.

Not long ago Dr. Murrow had a busy private practice in Kansas with numerous Parkinson's patients. In the late 1990s he became very interested in the novel Deep Brain Stimulation treatment developed at the University of Kansas. It involved surgical placement of a pacemaker-like device in the chest that is connected to an electrode implanted in the brain. Deep Brain Stimulation therapy is used when medication does not help symptoms.

"The electrode interrupts an overactive brain circuit and ameliorates the symptoms of the disease," Dr. Murrow said. "It is so exciting to see people get better."

Wanting to devote his full attention to the new therapy, he left his private practice and joined the University of Kansas neurology department. Today he is one of a handful of neurologists in the country trained in the electrophysiological technique of implanting deep brain stimulators. Though many medical centers in the country implant deep brain stimulation devices, not all use electrophysiological testing to confirm the right placement.

"This really improves the results. If the brain is not stimulated in the right place there can be double vision, muscle tremors, bleeding and infections," he said. The process on both sides of the brain takes from four to 10 hours.

Eldad Hadar, MD, a neurosurgeon recently recruited from the Cleveland Clinic, will work with Dr. Murrow to perform deep brain stimulator implantations. UNC will soon begin performing the implantations, and the university should become known as one of the top deep brain stimulation centers in the country.

Managing Multiple Sclerosis

Silva Markovic-Plese, MD, a nationally known expert on multiple sclerosis research, arrived at UNC last summer to lead the Multiple Sclerosis clinic. Her recruitment was due in part to a generous School of Medicine alumnus who donated an endowed chair. Dr. Markovic-Plese believes the prognosis for MS patients is more promising than ever.

"Even 10 years ago there was little to offer patients after diagnosis" she said. The disease strikes twice as many women as men and about half require a wheelchair and/or much assistance within 10 years after diagnosis. A native of Croatia and trained at Yale, Harvard and the National Institutes of Health, her research focuses on the pathogenesis of MS, looking at which proteins trigger the autoimmune response that leads to the disease. She and her team have found an increased frequency of activated myelin-reactive T-cells in the peripheral blood and cerebrospinal fluid of MS patients.

> "We are on the upswing. We had great doctors already here, now we have more. I think this is truly the golden era in our field."
>
> Dr. Longo

"We have found a high degree of T-cell receptor degeneracy and molecular mimicry as a frequent phenomenon. This may play a role in the initiation of autoimmune response in MS," she said. Dr. Markovic-Plese and her colleagues are performing systematic searches for viral, bacterial and self-antigens that trigger the activation of pathogenic T cell in MS.

And UNC soon will begin clinical trials on cholesterol-lowering agents which exhibit anti-inflammatory and neuroprotective effects.

National expertise on neuromuscular disorders

James Howard, MD, an international expert on myasthenia gravis, heads the Neuromuscular Program. According to Dr. Howard, much has been learned about the pathophysiology and immunopathology of myasthenia gravis and other neuromuscular disorders in the past 20 years. Most myasthenia gravis patients initially complain of specific muscle weakness. Previously more women suffered from the disease but now more men have it, with symptoms beginning at age 50. Its cause is usually an acquired immunological abnormality but some cases are from genetic abnormalities at the neuromuscular junction. UNC offers the latest electrodiagnostic testing.

Caroline Klein, MD, PhD, heads the new Autonomic Function Laboratory. Dr. Klein was trained at the Mayo Clinic, which pioneered the equipment. Researchers will work with Cardiology and other departments to treat patients with everything from fainting disorders to bladder dysfunction and bowel disorders. Ajmal Gilani, MD, is also trained in neuromuscular disorders and also covers general neurology referrals for the department.

The Department of Neurology has an exceptional headache and pain division, which includes physicians J. Douglas Mann, MD, Alan Finkel, MD, Kevin Kahn, MD and Anne Calhoune, MD. Few neurology departments in the country have four physicians dedicated to pain. Peter Jacobson, MD, has started a neurology pallitive care teaching program. Collin Hall, MD, and Kevin Robertson, PhD, run a nationally recognized program in HIV neurology that was recently funded by the NIH to expand into international studies. In early 2004, Kirk Wilhelmsen, MD, PhD, from the University of California at San Francisco will join the department. Dr. Wilhelmsen is an internationally recognized neurologist and geneticist who has discovered a number of genes causing neurological disorders in families.

"We are on the upswing. We had great doctors already here, now we have more," Dr. Longo said. "I think this is truly the golden era in our field."

Caring for patients in the buckle of the stroke belt

About 731,000 Americans will have a new or recurrent stroke this year, and roughly 160,000 of them won't survive. The stroke belt is identified as a 12-state area centered in the Southeast. The buckle of that belt runs straight through the Coastal Plains of North Carolina, South Carolina and Georgia.

"We don't exactly know why. Maybe it's related to tobacco. Maybe it's an issue of access to medical care," said Souvik Sen, MD, a stroke neurologist and a member of the UNC Stroke Team. The team also includes two other stroke neurologists, Ana Felix, MD, and David Huang, MD, along with Sten Solander, MD, an interventional radiologist. The new six-bed stroke unit for inpatients is located in the new UNC Neuroscience Center building, with outpatients treated through the Stroke Clinic.

In addition to research and treatment, one the program's goals is educating patients, emergency workers and physicians throughout the state. Traditionally, if a stroke patient did not receive treatment within three hours, permanent damage is usually inevitable. Because much of North Carolina is rural, Dr. Sen said many stroke victims do not receive help fast enough. One of the goals of the Stroke Program is to help patients and their caregivers identify strokes so that they can get help faster. Helicopter and ambulance transport stroke victims quickly, reducing the time to treatment.

UNC's Stroke Program has coordinated with the School of Public Health, as well as other medical centers in the state, to establish a CDC funded North Carolina Stroke Registry to identify stroke victims' reasons for delay in seeking medical treatment. The Stroke Team could give the go-ahead for remote hospitals to start the medicine and transfer the patient to UNC for monitoring and further medical care.

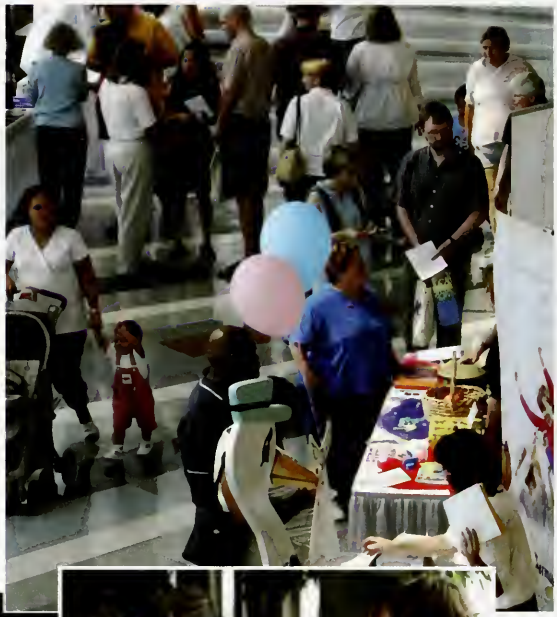
Ana Felix, MD, along with Souvik Sen, MD, MS, and internal medicine resident, Ara Metjian, MD, review the magnetic resonance images of the brain of a patient with neurological symptoms.

Since TPA was introduced on the market in 1996, active research has been conducted to prolong the three-hour window needed for treatment of ischemic strokes. Current research at UNC is focused in finding exactly where strokes occurred in the brain and the effectiveness of administering TPA directly into the clot within the brain vessel. Dr. Sen said this could help prevent permanent damage even if the three-hour time frame had passed. In addition, new technology enables physicians to find clots in the brain vessels causing the stroke within 15 minutes, much shorter than before.

UNC is also part of a national trial in testing a high-tech clot removal device and it is the one among the few selected medical centers in the nation conducting trials on promising new stroke drugs. Such new treatment methods may help in salvaging the areas of reversible damage noted in the early hours of stroke.

special EVENTS

2003 BABY FAIR



Photos by Brian Strickland

Oh Baby!
UNC Health Care, along with Carolina Parent *magazine, sponsored a baby fair on Sept. 21. More than 400 expectant parents visited booths, attended lectures and enjoyed maternity fashion shows. Participants also had the opportunity to tour the N.C. Women's Hospital.*

Photo by Brad Wilson

Medical Alumni Weekend
Richard Boyd, MD '56, and Joe Russell, MD '59, of Wilson, join Jane McNeer, vice president of The Medical Foundation of NC Inc., during the Saturday session.

WOMEN'S HEALTH FAIR

On Nov. 1, women from across the Triangle came together to learn more about their health at the seventh annual Women's Health Fair. The event, sponsored by UNC Health Care, gave women the chance to interact with health experts on topics including nutrition, vision, heart health and fitness. Keynote speaker, Susanne Gaddis, PhD, gave participants advice on how to cope with stress.

Photos by Brian Strickland

Healing from AFAR

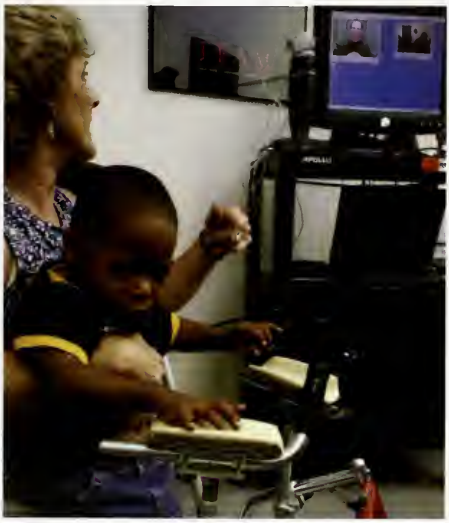
TelAbility program bridges divide between young patients, caregivers

By Jonathan B. Cox
The News & Observer

For Cameron Getz, going to the doctor in Chapel Hill sometimes means going on camera more than three hours away. The 3-year-old, who suffers from cerebral palsy, and his mother simply travel to a health office less than 10 miles from their home in Wilmington. There, a Web camera and computer link the boy and his therapist to a primary physician, Joshua J. Alexander, MD, director of pediatric rehabilitation at UNC Hospitals.

In Chapel Hill, an image of Cameron is projected onto a wall in a small conference room where Alexander sits. The camera serves as the doctor's eyes, computer speakers work for ears and the therapist acts as his hands during the examination. For Cameron and his mother, the process is less trouble than fighting Interstate 40 traffic, yet just as productive.

"It really is a phenomenal service," said Emily K. Getz, Cameron's mother. "I have not found in any way the appointments we have with him have been any less fulfilling."



Bryson Evans, 2, works with physical therapist Monica Cook under direction of Dr. Joshua Alexander, seen on monitor. Cook and Bryson were in Raleigh; Alexander was in Chapel Hill.

Photos by Mel Nathanson/The News & Observer

And it makes her life easier. That's the goal of Dr. Alexander's program, called TelAbility. It is intended to help families with disabled children who must deal with many doctors and daily challenges foreign to most parents.

Using videoconferencing technology, the Internet and an information-packed Web site, Dr. Alexander and other professionals remotely treat young children, from birth to 5 years old, across North Carolina who suffer developmental problems such as cerebral palsy and spina bifida.

Dr. Alexander came up with the idea about five years ago after noticing patients traveling unreasonable distances for medical care. That's especially challenging for children with disabilities, who can find long car rides strenuous, and for their parents, who must juggle multiple appointments.

"This really helps the family," said Dr. Alexander, who also serves as TelAbility's program director. "That's what this whole program is founded upon."

In addition to reducing the burdens of frequent medical care, the videoconference sessions can help parents save on gasoline and other travel expenses. A videoconference session is considered the same as seeing a physician in person, and there are no extra costs.

Telemedicine programs, as they're called, have been around in some form for decades, relying on telecommunications gear to extend the reach of doctors. The technology was used first to monitor astronauts in space and later began to find a place on earth.

In the 1990s, telemedicine got a boost from the Internet and videoconferencing that made it easier, and cheaper, to reach patients. As high-speed connections multiply and equipment improves, telemedicine is becoming more common.

At least 200 programs now are active in the country, said Nancy Brown, project director for the Telemedicine Information Exchange in Portland, Ore.

Others in North Carolina include TeleHealth, which is funded by East Carolina University and helps improve medical care for students, and through various colleges and hospitals.

"One of the main benefits is access for people who don't otherwise have access," Brown said. The programs have been especially popular for rural areas where people lack ready access to specialists.

Dr. Alexander recounts stories of people with unreliable transportation or with military spouses deployed around the globe who have come to rely on TelAbility. He has participated in at least 20 sessions within the past year, though that's likely just a portion of all the ones that have occurred.

It took about two years from its inception to get the program going, with medical and technical experts from across UNC working to establish it, Dr. Alexander said. One of the most important parts was finding computer software and cameras that would provide realistic images, not jumpy pictures.

Today there are about 20 videoconferencing sites that TelAbility can use from Cullowhee to Elizabeth City, located in the state's Developmental Evaluation Centers. The centers are part of the N.C. Early Intervention Network and are run by the state Department of Health and Human Services.

The system is designed so that patients don't have to go through Chapel Hill for treatment. If a child in Boone needs to be evaluated by an expert in Wilmington, a conference can be initiated to facilitate that virtual meeting.

Earlier this month, Jill Reaves of Angier took her daughter, Jessica, to her first TelAbility videoconference in Raleigh. Jessica, 2, who has cerebral palsy and epilepsy, met with Alexander virtually.

"I was really pleasantly surprised," Jill Reaves said. "It just seemed that if you were doing it over the computer they wouldn't be able to be as hands-on, but he could really tell a lot."

She said she was especially pleased that her daughter"s physical therapist could join the meeting and understand Dr. Alexander's precise instructions.

Sometimes, Dr. Alexander said he can learn more through the videoconferencing sessions than he can during in-person examinations. But he still requires face-to-face consultations from time to time.

"The children will talk to the TV better than in the office," he said. "A lot of times, they're more comfortable than the adults."

During the sessions, which generally last about 30 minutes, Dr. Alexander will observe a child's mobility, asking the therapist who is in the room to bend an arm or leg in a certain direction. He also talks with the families to offer advice and discuss problems.

A videoconferencing screen at the Developmental Evaluation Center in Raleigh shows Dr. Joshua Alexander, left, patient Bryson Evans, center, and Cook's arm.

When children are temperamental, the technology offers a unique way to get their attention. In one case, Dr. Alexander said he played a game like American Idol, the popular television talent show, to get a girl to cooperate.

All the technology isn't cheap, though. It has taken about $750,000 to fund TelAbility. Money has come from the N.C. Area Health Education Centers Program, the UNC School of Medicine, United Cerebral Palsy of North Carolina and the Duke Endowment. And only project director Keith M. Cochran is a full-time employee.

Dr. Alexander, along with a physical therapist, a nutritionist, a speech language pathologist and a Spanish interpreter, carve out time to run the program. An early interventionist helps coordinate services for the children, and two members of the staff are parents of disabled children.

"This is a portion of my time, [but] it kind of filters into everything I do every day," Dr. Alexander said. "These children have conditions that often aren't emergencies, but can evolve into emergencies if not managed over time."

He said he would like to expand the program into more places across the state, possibly into day-care centers and schools where disabled children go every day.

Getz said she just wishes more physicians would adopt telemedicine programs. Her son is treated by eight doctors: two near Wilmington, the rest in the Triangle. That requires many trips that can be difficult, especially when she has to arrange child care for her 15-month-old.

"If the rest of the doctors offered this, we would take advantage of it," she said. "I just love it."

Reprinted with permission of The News & Observer *of Raleigh, N.C.*

A fantastic opportunity

Photo by Brian Strickland

Former resident returns as chair of Orthopaedics

By Bernadette Gillis

You might say the career of Douglas R. Dirschl, MD, has come full circle. Dr. Dirschl began his career as a resident in UNC's Department of Orthopaedics, and after holding various positions in North Carolina and Oregon, he has returned to the department as the Frank C. Wilson Professor and Chair.

Dr. Dirschl, whose duties as chair began last August, has a clear vision of what direction he thinks the department should go. He said he plans to focus on improving business operations, clinical and education programs and alumni relations. "I hope to get back to the core of what we've always done extremely well," he said.

With recent cuts in public funding and the development of new technology, the face of health care is changing rapidly. Dr. Dirschl, who has participated in management programs at UNC, the Massachusetts Institute of Technology and the Kellogg School of Management, said UNC Health Care is well positioned to become a leader in the health care market. He is making it a priority to focus on the financial health of the Orthopaedics Department, which in turn will help UNC Health Care as a whole. "We need to modify our business operations so we can be more competitive. In the past we didn't have to worry so much about business operations. Now it's more important than ever to exemplify good business practices."

He added, "In our department state funds cover only four percent of our annual expenses. The remainder must be paid for, in large part, by clinical revenue we generate from caring for patients. This means doing things a little differently than in the past when state funds made up a much larger percentage of total revenue."

However, his goals for the department don't revolve around finances alone. He's also focused on patient care. Dr. Dirschl said he plans to help Orthopaedics grow in the key areas of spinal surgery, foot and ankle surgery and joint replacement surgery. "These are some of the areas where our educational needs and the marketplace will allow us to grow," he said.

One of two orthopaedic trauma surgeons in the department, Dr. Dirschl said his patient care responsibilities are very important to him. Each week he spends two full days in the operating room and two half days in clinic. "In orthopaedics, we're able to have a positive impact on people's lives quickly. It's very satisfying."

Laurence Dahners, MD, professor of orthopaedics and the department's other orthopaedic trauma surgeon, said Dr. Dirschl's work in the OR and clinic has had a major impact on patient care. "It's great to have another orthopaedic trauma surgeon," Dr. Dahners said. "I've been the only trauma surgeon here for 20 years. It means every day there's someone in the OR treating fractures, and we're able to provide better patient care."

In addition to growing the department's clinical programs, Dr. Dirschl wants to make sure the department provides residents and medical students the best education possible. Dr. Dirschl is responsible for the overall coordination of the department's residency program, and he said he finds pleasure in working directly with the residents. "I like teaching them surgery," Dr. Dirschl said. "Ever since I became an attending that's something I've really enjoyed."

Even with all the experience he has had with teach-

Douglas R. Dirschl, MD

Hometown: Klamath Falls, Ore.

Education: Stanford University, Bachelor of Sciences with Distinction in Chemical Engineering; Oregon Health Sciences University, Doctor of Medicine, Cum Laude

Marital Status: Married, Virginia P. Dirschl

Children: Katherine C. Dirschl, 15; Douglas K. Dirschl, 11; Margaret A. Dirschl, 4

Proudest accomplishment: "Marrying a woman who is absolutely wonderful and having her as my best friend for the past 21 years."

ing residents, Dr. Dirschl said working with the residents is often a learning experience for him as well. "The residents are very enthusiastic and want so very much to learn. They constantly challenge my knowledge and abilities."

Dr. Dirschl's passion for helping residents may have come from his own positive experiences as an orthopaedic resident at UNC. "When I first came here as a resident I knew nothing about UNC or Chapel Hill, but I quickly came to love both," he said. "The education was phenomenal, and I was impressed with the strength of the Orthopaedics Department."

Frank C. Wilson, MD, chief emeritus and Kenan Professor of Orthopaedics, was a major influence on Dr. Dirschl during his residency and throughout his career. "Dr. Wilson instilled in me the confidence that I could pursue a career in academic Orthopaedics."

Dr. Wilson said that he and many of the other faculty members in the department were very impressed with Dr. Dirschl as a resident. "He's one of the most highly-rated graduates ever to finish the residency program in Orthopaedics at UNC," Dr. Wilson said.

As a product of the residency program, Dr. Dirschl believes it is very important for the department to maintain close relationships with its alumni. In his role as chair, he plans to lead these efforts by enhancing some of the department's current alumni offerings. For example, the department's newsletter and Web page will be redesigned. "We're changing the format of the Raney professorship, our annual alumni meeting, to make it more interactive and more valuable to alumni," he said. "We also want to find ways to give alumni opportunities to interact with current residents."

Perhaps it is because of his strong leadership qualities that Dr. Dirschl remains calm and confident about everything he hopes to accomplish in his new role. After his residency, he remained at UNC and joined the faculty. In some of his many roles as a faculty member, Dr. Dirschl served as the director of the Wake AHEC Department of Orthopaedics, as chief of Orthopaedic Trauma at WakeMed and as executive director of the Wake AHEC. After holding his faculty position at UNC for eight years, he spent two years as chair of the Department of Orthopaedics and Rehabilitation at Oregon Health & Science University.

Dr. Dirschl said he enjoyed his time in Oregon, but when the opportunity to return to UNC came about, some deep soul searching persuaded him to return. "I realized how deeply I loved UNC, the Department of Orthopaedics and the School of Medicine," Dr. Dirschl said. "I think there are few orthopaedic departments in the U.S. that have the potential to be top notch in all areas. UNC's department has that potential. It was a fantastic opportunity."

Dr. Dirschl has proven throughout his career that he is a leader and will guide the Orthopaedics department in a positive direction, said Dr. Wilson. "Dr. Dirschl's administrative skills were recognized and honed during the time he was director of the WakeMed AHEC program, while he was a member of the UNC faculty and then as chairman of Orthopaedics at Oregon for two years," Dr. Wilson said.

"He has been recognized nationally by selection for the very prestigious American, British, and Canadian Traveling Fellowship, which is given to six of the most promising young orthopaedists from the U.S. and Canada every other year. I think his exceptional balance of clinical, academic and organizational skills coupled with his knowledge and affection for UNC make him an extremely promising appointment as chair of the Department of Orthopaedics."

40s

Robert J. Andrews, CMED '44, retired in June after practicing family medicine in Wilmington for 56 years. Dr. Andrews and his wife have three children and eight grandchildren.

70s

James B. Sloan, MD '70, retired in December 2002. Dr. Sloan and his wife, Blair, live in Wilmington. They especially enjoy spending time with their grandchildren as well as with Ed Norfleet, MD '70, and his wife, Ginger.

80s

Jocelyn Pyles-Elo, MD '83, and her husband, Marshall, just celebrated their second wedding anniversary by traveling to New York. Dr. Pyles-Elo is the chief physician of Sexually Transmitted Diseases at Lyons Health Center in Houston.

Steven Baumrucker, MD '86, received the Tennessee Hospital Association's Meritorious Service Award for leadership and service at its 2003 annual meeting. Dr. Baumrucker is medical director for palliative care at Wellmont Health System and enjoys a busy family practiceas well. In addition to his duties as associate editor-in-chief of the American Journal of Hospice and Palliative Medicine, Dr. Baumrucker now co-edits the Journal of Terminal Oncology. He and his wife, Tacie, have a 6-month-old son named Liam.

00s

Stephen Oljeski, MD '00, recently was appointed chief resident in the Department of Radiology at Tufts-New England Medical Center in Boston.

Wendy Owen, MD '00, is an attending physician in internal medicine at the Durham Department of Veterans Affairs Medical Center and Duke University Medical Center.

W. Adam Gower, MD '02, has been selected to be one of two chief residents at the Johns Hopkins Children's Center for the 2006 to 2007 academic year. Dr. Gower currently is a second-year resident. Upon completion of general pediatrics training, he will complete a one-year fellowship before assuming the position of chief.

House Staff

James J. Murphy, MD, ('68-'70) died in September. Dr. Murphy lived in Arden, N.C., and his specialty was radiology.

Claudette Dalton, MD, ('74-'77) has been elected to the American Medical Association's Council of Medical Education. Dr. Dalton is assistant dean for community based medical education at the University of Virginia School of Medicine. Each year, she coordinates volunteers from UVA to Wise, Va., for an outreach clinic. In less than three days, the volunteers see about 1,000 patients.

Ruth A. Etzel, MD, PhD, ('80-'83) is editor of Pediatric Environmental Health, which was published in November by the American Academy of Pediatrics. Dr. Etzel, a captain in the U.S. Public Health Service, is stationed at the Alaska Native Medical Center in Anchorage, Alaska.

Deaths

Jean L. Phipps, CMED '41, died in August. Dr. Phipps lived in Wise, Va., and her specialty was internal medicine.

Irl T. Sell, MD '57, died in September. Dr. Sell lived in Littleton, Colo., and his specialty was anesthesiology.

Evolving with his environment

MD trades caring for humans for work that benefits four-legged health

Edward Arthur Sharpless, MD '61

Hometown: Greensboro, N.C.
Family: Wife, Martha; two daughters and two sons
Personal interests: Music and literature

By Tom Maltais

Edward A. ("Ted") Sharpless, MD '61, and his partner had their pathology lab laid out in their minds just the way they wanted it. The best practices of countless other labs and their own ideas would be brought together in perfect synergy. Over 70 years of combined experience in hospitals told them everything would work out.

All they had to do was switch species.

The journey that led Dr. Sharpless to focus his lab work exclusively on animals started in March 1951 when he and five of his teammates from the Rutgers University tennis team piled into his car in search of warmer weather. The team was looking to escape the winter thaw with a series of matches in North Carolina and Virginia. He had no idea then that in a few short years he would be making this trip again, alone.

Born in Orange, N.J., Dr. Sharpless graduated from Rutgers in 1952 with a Bachelor of Science in Education. He taught high school chemistry and physics in Pompton Lakes, N.J., for a short time before feeling the need to move on to something else.

"As much as I enjoyed working with the kids, I had a greater desire to continue my education in a scientific field," he recalled.

The early 1950s was an exciting time in the field of microbiology. Antibiotics had just been discovered and the potential for other new and exciting drugs was enormous. While researching the best microbiology programs in the country he came across a campus he was very familiar with – Carolina.

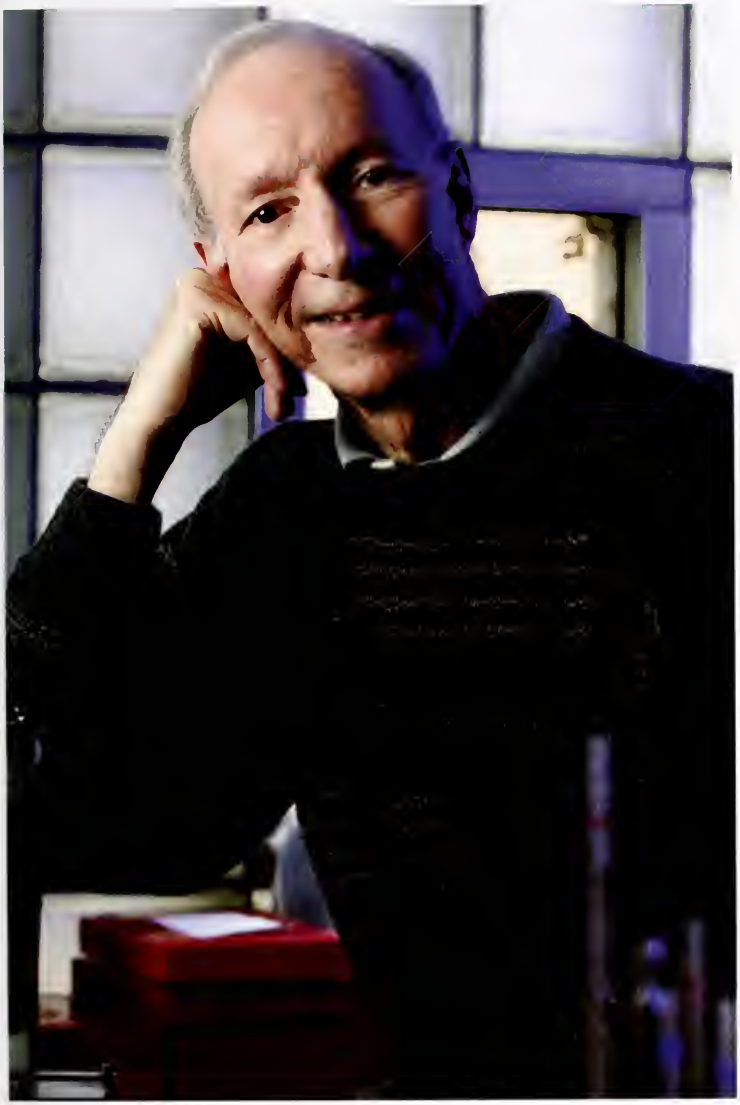
"While my first memory of Chapel Hill was of our tennis team getting clobbered, I did fondly recall the way we were welcomed by the students and how beautiful the campus was," Dr. Sharpless said. "I knew this was a place I had to return to."

It was while studying microbiology as a graduate student at UNC that he found himself in a number of courses with medical students, and doing quite well. He began attending grand rounds regularly and soaking up as much medical education as he could get.

With the encouragement of a professor, he decided to apply to the UNC School of Medicine. It was during this time that he met a first-year medical student named Martha Kornegay in the medical library. "She was one of only two girls in her medical school class so she easily stood out. To this day I'm impressed with what an exceptional student she was."

He married the Goldsboro native in 1956. She went on to graduate second in her class ('59) and serve as a pediatrics resident at UNC Hospitals.

The couple moved to New York following his graduation in 1961 when Martha accepted a position at Columbia Presbyterian Hospital. She had followed a colleague to the Big Apple to help fill out his housestaff and conduct research. He did his residency in anatomical



Ted Sharpless' family has created a Loyalty Fund Scholarship in his name with the hope of assisting School of Medicine students who share his willingness to take the road less traveled.

pathology at New York University, Bellevue Hospital and later at the New York City medical examiner's office.

"Aside from the excitement of having our first three children, there was always something to do in New York. Our apartment was across from Central Park, we were ten blocks from the Museum of Natural History and one block from our church where I sang in the choir."

Despite all that the city offered, the Sharplesses chose fresh air over Times Square when it came to raising their family. They returned to North Carolina in 1966 and soon after welcomed the arrival of son Ned.

Martha Sharpless initially accepted a position on the staff of Moses H. Cone Memorial Hospital in Greensboro and later started her own practice in developmental pediatrics. "Her field was in its infancy, so to speak, and she was able to make a tremendous impact in the area."

Ted Sharpless shared the commute to Moses Cone while he earned a second board certification in clinical pathology. He later moved on to Wesley Long Hospital in Greensboro in 1974, where he remained until his retirement as director of the laboratory in 1999.

Then he went in another professional direction.

He and his longtime friend and colleague, Robert Roth, co-founded what Dr. Sharpless calls their "project" soon after their Wesley Long farewell parties and formed SR VetCheck Laboratories. The two had been contemplating starting up their own lab for years. Initial discussions arose while they were examining the best practices of other labs around the country.

As their research evolved from how to improve their work environment to how to start their business they discovered their local market already saturated with labs specializing in

human pathology. The evolution towards veterinary pathology was more natural than appears on the surface.

The laboratory at Wesley Long had been performing animal blood and tissue work since the mid-1970s. As the work with animal samples expanded, so did Ted Sharpless' program of self-education on the differences between human and animals, as well as cats and dogs.

The early days of accepting animal specimens at Wesley Long started with a short courier route around Greensboro. Over time the demand for veterinarians in need of comprehensive lab work expanded to Winston-Salem, High Point and Burlington.

"We started off on our own pretty well established in the local community. We had a grand total of five employees, including Robert and I," Ted Sharpless said. "In addition to his duties as chief executive officer, in the beginning Bob served as chief plumber, master electrician and head of equipment maintenance. Being far less mechanically inclined, my additional duties included things like sweeping."

While it was exciting to start their new venture the list of expenses involved with getting a business off the ground was a bit longer than initially anticipated. Earnings fluctuated from quarter to quarter — particularly following the terrorist events of Sept. 11, 2001. Through it all, the number of customers and staff grew steadily, and numbers in the red turned black.

"Like any new business owner, I had some nervous moments when I thought things might get too tight. When the economy suffers, people cut back on everything, including their lab work. You just work as hard and as well as you can, and things have a way of turning around."

The value of hard work and keeping a sense of optimism when things get tight were lessons learned at an early age. His father passed away when Ted Sharpless was only 11, leaving his mother to care for him and his four siblings. When his mother wasn't busy grading her students' papers on Shakespeare, she supported the family by penning verses of her own.

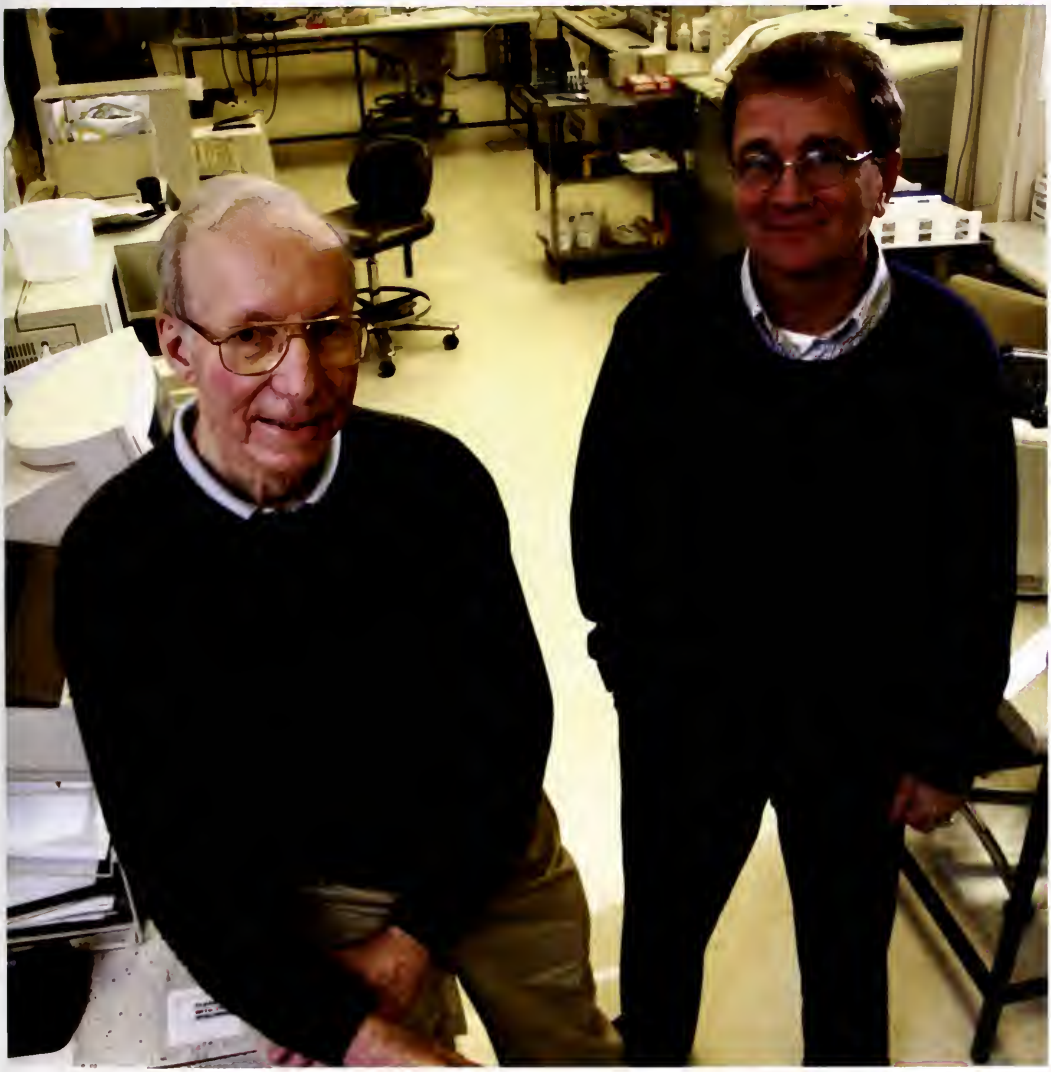
"She wrote a number of articles for *Good Housekeeping*, *Redbook* and *Atlantic Monthly* as well as love stories to a variety of other publications. One day my brother and I came across some of her drafts. It was pretty racy stuff for its time."

Lessons learned about hard work have paid off. Ted Sharpless' business venture has proved a labor of love and given him the chance to be a larger part of the community, providing a valuable service without gouging people's wallets.

"This company has never been about making a pile of money," he said. "We've already made a difference by getting off the ground and creating a more competitive marketplace."

Located near Moses Cone Hospital, SR VetCheck employees 37 people and has courier routes from Danville, Va., to South Carolina and from as far west in North Carolina as Lenoir and as east as Raleigh. It offers the majority of services needed in animal microbiology, hematology and the vast majority of all chemistry tests as well as cytology and histopathology.

"Our strength is that we offer service that's more personable," Ted Sharpless said. "It all goes back to our research at what makes a great lab – focus on quality and providing the best service possible, and not so much on the bottom line. I truly love what I'm doing, and I believe it comes through in my work."



Ted Sharpless, MD, and Robert Roth started SR VetCheck four years ago with three employees and the desire to provide a more personable level of service to their customers.

Solace in brush strokes

A UNC pediatric specialist believes art can benefit patients, too

By Susan Kinzie
The News & Observer

Betty Webb stopped to admire a temporary art exhibit in a lobby of N.C. Children's Hospital, delighted to find something that could make her smile in the midst of waiting through her daughter's cystic fibrosis treatment. "Look at that," she said, pointing to a painting of parents reaching out to hold their newborn baby for the first time, remembering her first child. "I love art!" she said, beaming.

Bright oil paintings lined an alcove like a series of snapshots from the hospital, the kinds of moments that happen every day but had been frozen in a way that captured the painter's sense of wonder about medicine and healing.

Then her daughter's pediatric pulmonologist at UNC Hospitals, John Saito, MD, tapped her on the shoulder.

It took Webb a moment to recognize him – at first she saw an artist, not a doctor. But Dr. Saito is both, and he combines the two in a way that makes him look at medicine in a new way and makes his patients see him in another light. Art gives him a creative outlet in a rigorous scientific field; it renews his sense of awe about his profession and gives him an unusual connection with his patients.

Art gives him a creative outlet in a rigorous scientific field; it renews his sense of awe about his profession and gives him an unusual connection with his patients.

Dr. Saito started painting in college, 10 years ago, and continued right through medical school, showing the things he was learning: How to hold a just-born baby and clean and check it. How to help a new mother learn to nurse her baby. How to monitor an infant hooked up to oxygen.

He painted scenes from the hospitals where he trained and practiced, always in vivid colors and thick strokes, intimate, with an idealized, sentimental glow. One shows a tiny premature baby, not bigger than a softball, enveloped in a doctor's strong hands. The fingers and the hands of that wise old physician remind him of an angel's wings, he said in his soft voice. He wanted to capture his sense of amazement, that such tiny creatures can be saved. "You think – is this intervention from above? Or is it just modern medicine?"

Another painting shows a nurse dropping a cross into a memory box another nurse is carrying, to take to parents of a child who died at the hospital.

On another canvas, a thin girl leans against an IV drip, her chin in her hand, her expression a mixture of sweetness and resignation. It's Kelsey Savage, a 13-year-old girl from Durham who has cystic fibrosis. Dr. Saito has painted her twice, but she likes this one best; in the other, he asked her to smile, and that's not how she felt in the hospital with a lung infection.

Kelsey liked the way the painting helped her make friends with her doctor; she was drawing on paper

Photo by Ethan Hyman/The News & Observer

Dr. John Salto, a pediatric pulmonologist at UNC Hospitals, paints at home in Mebane.

on the bed one day when Dr. Saito told her he liked to draw, too. They traded pictures, and then he asked if he could paint her.

"I was so excited," she said. "I did my hair up — washed my hair — got into real clothes instead of hospital clothes. It was a little happiness," she said, trying to think of the right word, "a little shine to my day, because I got to do something fun in the hospital."

Photos by Ethan Hyman/The News & Observer

Salto has painted his patient, Kelsey Savage twice. The 13-year-old, likes this one best. It put a 'little shine to my day,' she said.

She loves the painting, too, she said, because it makes her think about the bad things and the good things about being in the hospital. Some of the bad things were having to get an IV, and not being able to leave her room, and being awakened all the time by nurses. She doesn't like to look at the painting when she's in the hospital, because it makes her a little sad. But when she's at home, back to the real world of homework and horseback riding and in-line skating, her six cats and her nice dog with a mean bark, she likes to look at it and remember the good things about the hospital. She thinks about making friends with the nurses and getting out of school. "And it makes me think how proud I am that I worked through it and I got through it," she said.

'Everyone can draw'

In medical school someone told Dr. Saito to make time for whatever he loved to do because medicine can be such an all-consuming profession. "My goal is to not be one of those people who says, 'Why did I let that slip?' " he said.

Dr. Saito would like to see more opportunities for patients to create while they're in the hospital, too.

"Everyone can take a pencil or paper and write or draw," said Joy Javits, whose UNC Hospitals' organization, Door to Door, presented Dr. Saito's exhibit last week. "It's a much richer way to spend all those hours when you're trying to heal. Things change when you're sick – reality can be horrifying – it's helpful to deal with it in a creative way. [The hospital] is a great place for the arts to be."

Webb had been drawing in the waiting room, creating pictures for her 11-year-old daughter, Lacey Grindstaff, to color in. Dr. Saito had told Webb it was a good way to keep her mind off things.

Seeing the paintings in the hospital's halls made Webb stop worrying about her daughter, just for a moment. And when Lacey draws she can forget

> Everyone can take a pencil or paper and write or draw. It's a much richer way to spend all those hours when you're trying to heal.
>
> Joy Javits
> Door to Door Organization

Dr. John Salto titled this work, 'The Anatomy Lesson.'

about her illness, just for a moment. So Webb brings a big bag of markers and paper with them whenever they have to make the long trip from Spruce Pine, in the mountains near Tennessee, to the hospital in Chapel Hill.

"I didn't know he could paint like that! He really amazed me," Webb said when she saw a portrait. She sticks to still-lifes. "I ain't no good at faces." Except the face of her daughter, who loves it when her mom draws her. "But she don't like the sad ones anymore — if I draw sad ones it makes her mad." So she always draws Lacey smiling.

Now, back at home, Lacey is healing from her surgery. She'll have to go back to UNC Hospitals, her mother knows. But next time, she has something to look forward to as well as to dread: Next time, they hope, Dr. Saito will paint her.

Reprinted with permission of The News & Observer *of Raleigh, N.C.*

'Thoroughly reliable little magazine' marks 50-year milestone

By Dick Broom

1953

An editorial in the very first issue of *The Bulletin*, as this publication was originally called, described it as "a medium of cordial communication" among faculty, staff, students and alumni and "a thoroughly readable little magazine."

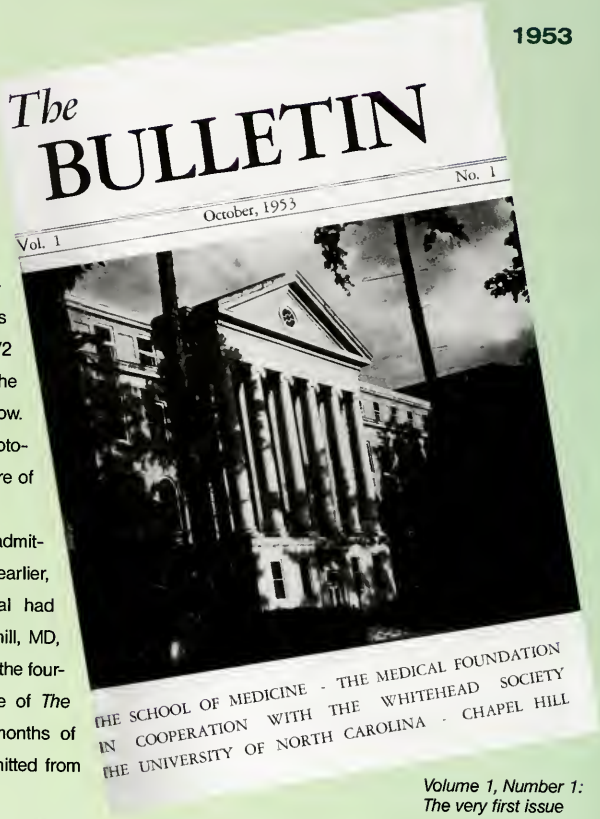
It was little, indeed. That inaugural issue, published just over 50 years ago in October 1953, measured 5 1/2 inches by 8 1/2 inches, exactly half the size of the magazine you are holding now. It had just 16 pages, and the only photograph was a dull, black-and-white picture of the MacNider building on the cover.

The School of Medicine had admitted its first four-year class three years earlier, and North Carolina Memorial Hospital had opened the previous fall. Reece Berryhill, MD, principal architect and founding dean of the four-year school, reported in the first issue of *The Bulletin* that "during the first twelve months of operation, 3,687 bed patients were admitted from 90-odd counties of the state."

Dean Berryhill established the Medical Alumni Association and started the magazine.

"He felt there was so much going on here that the alumni needed to know about," recalls Bill McLendon, MD '56, who joined the editorial committee of *The Bulletin* as a student in 1955 — and serves as a consultant for it today. "I think he saw the magazine as a way of engendering alumni interest and support, of reinforcing their loyalty."

Among the purposes of the magazine, as explained in the first issue, was "to serve the Medical Foundation as a medium through which opportunities of service may be presented to the end that the total health of all North Carolina may be enhanced."


The BULLETIN

Vol. 1 October, 1953 No. 1

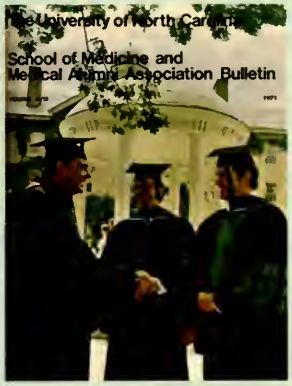
THE SCHOOL OF MEDICINE - THE MEDICAL FOUNDATION
IN COOPERATION WITH THE WHITEHEAD SOCIETY
THE UNIVERSITY OF NORTH CAROLINA - CHAPEL HILL

Volume 1, Number 1: The very first issue

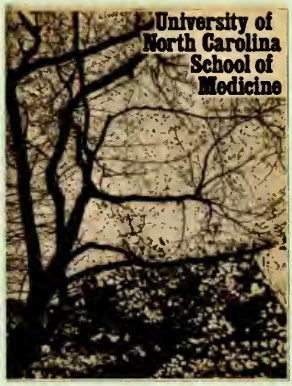
Ads helped pay the bills

For two decades, publication of *The Bulletin* was supported in part by advertising. The first issue carried ads for Winchester Surgical Supply in Charlotte and Greensboro and for Haemo-Sol, which promised "complete cleansing without residue" of laboratory glassware.

1971



1976



1977

Another early advertiser, drug company E. Bilhuber, Inc., touted the benefits of Quadrinal for "chronic asthma and related respiratory conditions," Oral Metrazol for "the geriatric patient with signs of mental confusion," and Nico Metrazol Elixir, "a physiologic spark-plug for fatigued, debilitated or lethargic patients."

After a few years, ads for The Carolina Inn, The Pines restaurant and other local businesses began to appear. An ad in the October 1969 issue announced that the Danziger shop on Franklin Street had "the entire medical staff of Memorial Hospital beautifully hand carved and artistically painted in humorous caricature by Jaschke, famous Austrian wood carver."

A product of its time

"Early on, *The Bulletin* wasn't anything like the elegant publication we have now, but it did a good job of serving the institution and the alumni at the time," says Bill Easterling, MD '56, former associate dean for continuing education and alumni affairs. "It has always met the needs of its day."

The Bulletin also has been a clear and sometimes sobering reflection of the times. For example, among the new books recommended by Myrl Ebert, director of the Health Affairs Library, in the December 1953 issue was The Physician in Atomic Defense. She described it as an "instructive epistle for the layman and physician as an introduction to the Atomic Age."

"Miss Ebert" wrote thumbnail book reviews for several early issues of *The Bulletin*, intending them as useful guides for time-strapped faculty and alumni. She wrote: "Medical literature continues to pour from the presses with a disconcerting speed and volume — a veritable diarrhea of print — to the consternation of the harassed physician, who scarcely has time to peruse his personal journal subscriptions."

Continuing to reflect the times, the April 1962 issue of *The Bulletin* carried an essay titled "On the Distaff Side" by Peggy Gibbs, the wife of senior medical student James Gibbs. She recalled with stoic humor the difficulties of being married to a first-year student.

"For those first few weeks, I'm sure there isn't one of us who didn't feel inadequate, ignored, unstable and downright superfluous! The only glory our medics brought home to us was the smell of formaldehyde and harassed expressions.

"The cure," she wrote, "came with the friendship of other freshmen's wives."

By the end of her husband's fourth year, she was feeling more upbeat: "The Whites (worn by medical students) aren't quite so white any more, but neither is the wearer quite as green. Generally, we even know how many to plan dinner for!"

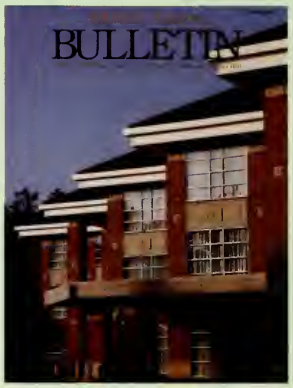
'Renders a real service'

Throughout its 50-year history, *The Bulletin*

1979

1982

1993



has been used to inform, to inspire and, occasionally, to entertain. It has recognized faculty, alumni and others for exemplary work and service. It has called attention to critical needs of the medical center and the state, and it has rallied support for campaigns to ensure continued progress. It has generated pride, nurtured loyalty and strengthened the bonds of common interest among alumni, faculty, students, donors and friends.

Dr. Easterling believes *The Bulletin* also has helped perpetuate the medical center's unique character.

"The culture of civility and collegiality is such a precious part of the fabric here, and we want to do everything we can to sustain it," he says. "I think *The Bulletin* is extremely important in doing that."

This magazine, which began as *The Bulletin*, was known more recently as the *Medical Alumni Bulletin*. Last year, the name was changed to the *UNC Medical Bulletin* to acknowledge its broader and increasingly diverse readership.

2002

"But the magazine is still an important means of keeping alumni in touch with what's going on around here, and I don't see that changing," says James "Bud" Harper, MD '60, associate dean for alumni affairs. "I wouldn't want it to change."

In April 1954, at the end of the magazine's first year, an editorial asked readers to share their thoughts about the new publication:

"Although it was not started as an experiment, nevertheless there would be no wisdom in continuing it unless it is certain that it meets a real need and renders a real service. Our readers are the best judges of that. Their expressions and suggestions would be most helpful in planning for the next volume."

All of that is as true today as it was 50 years ago.

Discovery may be first plant cell surface molecule that halts cell proliferation

By Leslie H. Lang

UNC scientists have discovered a unique protein on the surface membrane of plant cells, one that apparently contains both "on" and "off" molecular switches.

Apart from its unique structure, the protein may be the first cell surface membrane receptor ever discovered in plants that regulates a key protein complex involved in cell growth and division. Known as the heterotrimeric G protein complex, it also is present in mammalian cells, including human.

The protein, known as AtRGS1, regulates the process of cell proliferation by turning the G protein complex off. A report of the discovery appeared in Sept. 19 issue of the journal *Science*.

The protein was discovered in Arabidopsis thaliana, a wild mustard weed. Completion of the Arabidopsis genome sequence in 2000, the first for a higher plant, made it ideal for molecular investigation such as this. In addition, this small weed has homologues or counterparts of many important human proteins, including some involved in diseases, such as cystic fibrosis and cancer.

"We have identified the first and a truly novel regulator of G protein signaling, or RGS signaling protein, in Arabidopsis," said Jin-Gui Chen, PhD, senior research associate in the department of biology and the report's first author. "This finding can be considered a breakthrough in G protein signaling."

Roughly 800 types of these cell receptors exist in human cells, said plant cell biologist Dr. Alan M. Jones, a senior study author and professor of biology in UNC's College of Arts and Sciences.

"These are the molecular targets for about half of the drugs in use today worldwide, which account for $9 billion a year in sales."

Teasing out the complexities of how signals are transduced into action within cells also holds implications for agriculture. "The new RGS protein's function in the G protein signaling pathway may give us a handle on how fast plant organs can produce cells," Dr. Jones said.

"Indeed, this particular pathway is a growth pathway, and now we have another player [AtRGS1] we can utilize to bioengineer crops."

Previous studies of mammalian cells had provided hints that G protein coupled receptors and RGS proteins are intimately linked functionally, said the other senior author of the study, David P. Siderovski, PhD. He is an assistant professor of pharmacology and a member of the UNC Lineberger Comprehensive Cancer Center.

"And this study is the ultimate proof because they are intimately linked structurally," he added. "This really sets the paradigm clearly in the minds of all of us studying this signaling. For a long time there have been hints of receptor-specific recruitment of these RGS proteins. But plants have really slapped us awake to this because they're one polypeptide; they're actually conjoint."

SIDEROVSK

The new study exemplifies UNC's research strength in G protein signaling, including RGS proteins. Dr. Siderovski and Dr. Henrik G. Dohlman, PhD, associate professor of biochemistry and biophysics, were the first to independently discover this class of proteins nearly eight years ago.

Dr. Dohlman found the first such protein in yeast, while Dr. Siderovski had found similar proteins in humans.

Dr. Jones, who for many years has been studying the plant components equivalent to the G protein complex in mammals, asked Dr. Siderovski to explore the Arabidopsis data base for a G protein coupled receptor. In searching through protein sequences on a computer screen, Dr. Siderovski said he stumbled upon a divergent form of RGS protein in Arabidopsis, one with features of both a cell-surface receptor and an RGS protein.

Dr. Dohlman, whose laboratory tested the function of the new protein in yeast, said a common theme in biology is that every 'on' switch has an 'off' switch. "What's unique about this particular protein is it seems to contain elements of both the 'on' switch and 'off' switch in the same molecule. And this is unprecedented," he said.

"The classic paradigm is you have a cell surface receptor that activates a pathway by binding some molecule, such as calcium or a hormone," Dr. Jones said. "Here we have a 'CatDog' phenomenon," he added, referring to a popular TV cartoon series, "a putative receptor that has the structural features of both an activator and an RGS-like deactivator."

Still, the researchers said, two interpretations may operate here. One is that the switches are simply physically linked. Or it could be that the "off" switch and the "on" switch are each regulated by external signals. They agree, however, that either scenario is extremely exciting.

"I think this opens up a new paradigm that may not be specific or unique to the plant cell. I would not be surprised if we find it in human cells," Dr. Jones said.

Other co-authors are Dr. Francis S. Willard, from the department of pharmacology and the Lineberger Center; Dr. Scott A. Chasse, a trainee with Dohlman from biochemistry and biophysics; and Jirong Huang and Jiansheng Liang, from the Department of Biology.

Support for this research came from the National Institute of General Medical Sciences and the National Science Foundation via grants awarded to Drs. Siderovski, Dohlman and Jones.

New CDC-funded HIV program at UNC integrates treatment, prevention

In its latest attempt to reduce the number of new HIV infections nationwide, the federal government is locating prevention programs squarely in the treatment setting.

Selected to address the challenge is the Center for Infectious Diseases at UNC.

The center has received a $1.8 million grant from the federal Centers for Disease Control and Prevention and the Health Resources and Services Administration, a component of the U.S. Department of Health and Human Services (DHHS), and recently has established a demonstration project in UNC Hospitals' Infectious Diseases Outpatient Clinic.

The clinic treats about 1,500 HIV-infected North Carolinians annually. If successful, the project may help shape the approach to HIV outpatient therapy nationally, researchers said.

"Over the last decade or so, and despite extensive preventive efforts targeted at people not infected with HIV, 40,000 new HIV cases are identified in the U.S. annually, a number that has remained somewhat consistent," said Evelyn Byrd Quinlivan, MD, assistant professor of medicine and medical director of the infectious diseases clinic.

"This number seems to represent a threshold beyond which no one has been able to move."

In 1999, the CDC requested that the Institute of Medicine, a component of the National Academy of Sciences, form the Committee on HIV Prevention Strategies in the United States.

Among committee members was Myron S. Cohen, MD, professor of medicine, chief of infectious diseases and director of the Center for Infectious Diseases at UNC. In 2001, Dr. Cohen and his colleagues published their recommendations in a book, *No Time to Lose: Getting More from HIV Prevention*.

The book's underlying premise is that "each new infection begins with someone who is already infected." Thus, prevention can be enhanced by also targeting the infected individual.

"This is a total paradigm shift in thinking about prevention," Dr. Quinlivan said. "It recognizes that transmission occurs between two people, that current prevention efforts have addressed only half of that interaction and that we ought to think of new ways to resolve this problem."

In its report, the committee recommended that prevention services for HIV-infected people become a standard of care in all clinical settings, such as primary care centers, sexually transmitted diseases clinics, drug treatment facilities and mental health centers. The report called for research proposals to develop effective "secondary prevention" programs that would integrate prevention activities into treatment of HIV-infected individuals. UNC's proposals were accepted for funding.

QUINLIVAN

Counseling and education efforts are at the heart of these prevention activities. Caregivers in the UNC clinic, including physicians and nurse-practitioners, will receive training aimed at enhancing their counseling and behavioral intervention skills.

"We will all undergo a refresher course on how to persuade, coax, cajole — whatever it takes — to help a patient make a behavior change," Dr. Quinlivan said.

For more complex situations — individuals who don't understand how to use condoms or who are in relationships where they don't feel safe about disclosing their HIV status – a counselor in the clinic will be available to intervene, she added.

These efforts will be combined with medical therapy aimed at reducing HIV levels in the blood, thus lowering the amount of virus that is shed. Experts predict that medical therapy aimed at reducing HIV levels, combined with counseling and education, will be more effective than either effort alone.

In terms of outcome specifics, the program will assess the degree to which self-reports of HIV risk behaviors, sexually transmitted infections and HIV status disclosure outcomes are improved by integrating prevention counseling services into primary care.

Three factors make for good timing to begin this program, Dr. Quinlivan said. Now in a larger space with more examination rooms, the clinic has three rooms dedicated for interviewing or counseling. In addition, via a program funded by the U.S. DHHS's Substance Abuse and Mental Health Services Administrat-ion, a study is under way to determine if on-site addiction counseling and treatment have an impact on HIV interventions.

"Treating and getting people to make behavior change is difficult if you're still addicted to alcohol, cocaine or other substances. Now we can cross-refer," Dr. Quinlivan said.

Finally, the clinic director believes the new program will improve coordination with the state's partner notification activities. "We really believe we're in a unique position to get a program like this going," she said.

— Leslie H. Lang

UNC holds neurodevelopmental symposium on National Biomedical Research Day

Oct. 21, National Biomedical Research Day, was the setting for an afternoon symposium at UNC in celebration of having recently been awarded three major research center grants from the National Institutes of Health to study several important neurodevelopmental diseases of our time: schizophrenia, autism and fragile X syndrome.

Totaling about $21 million over five years, the centers represent a unique concentration of expertise and resources devoted to these severe and lifelong neurodevelopmental disorders.

The research centers are Conte (neuroscience of schizophrenia), STAART (gene-brain behavior relationships and autism) and Fragile X Syndrome (family adaptation to mental retardation linked to fragile X syndrome). No other university in the United States has the distinction of being awarded three such centers, an accomplishment worthy of celebration.

Among speakers at this event, including UNC Chancellor James Moeser, were Dr. Tom Insel, director of the National Institute of Mental Health, and Dr. Duane Alexander, director of the National Institute of Child Health and Human Development. The UNC center directors, Drs. Jeffrey Lieberman, Joseph Piven and Don Bailey, each presented the exciting range of research taking place in their programs, including biomedical research, basic biological studies, applied treatment interventions and the impact on families.

— Leslie H. Lang

UNC Neuroscience Center recieves $3.35 million grant

UNC's Neuroscience Center has received a $3.35 million federal grant to support molecular, genetic and high-resolution imaging approaches to neuroscience research.

The five-year institutional center grant was awarded by the National Institute of Neurological Disorders and Stroke, or NINDS, the nation's leading supporter of biomedical research on disorders of the brain and nervous system.

Last year, NINDS decided for the first time to fund a series of center grants to support state-of-the-art technology that otherwise would be difficult for individual grantees to access, said William D. Snider, MD, UNC Neuroscience Center director and professor of neurology and cell and molecular physiology.

"We received the award in the first cycle of stiff national competition for these grants," he said.

The new grant will support five research cores, which will be housed in the Neuroscience Research Building. Four cores will be related to genetic approaches: gene discovery, methods of creating new mouse strains, embryonic stem cells, and multiphoton and confocal microscopy. An administrative core also will be included. Snider is principal investigator.

"The core grant allows us to bring in funds to keep these facilities state of the art, to buy ancillary equipment, hire technical assistance to keep the equipment maximally operational, to pay the service contracts on the equipment and to fund other ongoing expenses that are associated with the core facility," Dr. Snider said.

SNIDER

"The cores will support 13 NINDS grantees, who span the gamut from the medical school to the undergraduate campus, including several departments," Dr. Snider said. "It is very helpful for us to integrate our mission, to have core resources around which people can congregate and form ongoing collaborations."

The UNC Neuroscience Center is an inter-departmental research center of UNC's School of Medicine. Its mission is to promote neuroscience research with a specific emphasis on developmental, cellular and disease-related processes.

The center houses laboratories for its scientists on two floors of the Neuroscience Research Building dedicated October 2001. The building also houses neuroscience research groups in both basic (cell and molecular physiology) and clinical (neurology) departments.

The neuroscience research effort is part of a campuswide genomics initiative announced in 2001 that represents a public-private investment of at least $245 million over the next 10 years.

— Leslie H. Lang

The 2003 UNC Neurodevelopment Disorders Research Symposium took place in October at UNC. Featured speakers included, from left, Don Bailey, PhD, director of the Frank Porter Graham Child Development Institute and Kenan Distinguished Professor, School of Education; Duane Alexander, MD, director of the National Institute of Child Health and Human Development; Chancellor James Moeser; and Joseph Piven, MD, professor of Psychiatry and director of the UNC Neurodevelopmental Disorders Research Center and the STAART Center. Featured speakers not pictured included Thomas R. Insel, MD, director of the National Institute of Mental Health; Jeffrey A. Lieberman, MD, Eure Distinguished Professor of Psychiatry, Pharmacology and Radiology, vice chair of the Department of Psychiatry and director of the UNC Conte Center; and Vice Chancellor Tony Waldrop.

UNC Health Care establishes **Center for Excellence in Chronic Illness**

By Rebekah Temple

It's a tradition and a standing appointment for several UNC School of Medicine faculty and UNC Hospitals staff. No latex gloves, stethoscopes, pens or agendas are required. The only order of business is to celebrate Floyd "Buddy" Davis' birthday.

At some point, most people try to forget their birthday, but not Davis. For the last 20 years, the Moncure resident has been celebrating his Aug. 11 birthday by throwing a barbecue at his home. Family, friends and neighbors all come, sometimes more than 100 strong, bringing with them all the "fixins" – potato salad, baked beans, corn, fried chicken and fish are among the feast.

Davis invites "everyone who wants to come" to his party, and for the last half dozen years his invitation list has included his physicians and other providers at UNC Hospitals.

Now 76, Davis has been cared for by many over his years of coming to UNC, including Michael Pignone, MD, and Robb Malone, PharmD, CDE, CPP, both of the Division of General Medicine. For the last four years, Drs. Pignone and Malone have been on the forefront of a movement to change the way care is delivered to patients like Davis with chronic illness.

Through the General Internal Medicine Practice at the Ambulatory Care Center on the UNC-Chapel Hill campus, Drs. Pignone and Malone have developed a comprehensive program for patients with chronic illness, particularly diabetes. The program has been so successful that Pignone and Malone have been given UNC Health Care funding to establish the Center for Excellence in Chronic Illness Care, a performance improvement initiative.

Drs. Pignone and Malone, co-directors of the center, believe that the chronic illness program is one of the main reasons Davis still is well enough to host his birthday parties. And Davis agrees.

"They had doubts about ol' Buddy (back) then," said Davis, who has been a patient of the practice's diabetes program since it was established in 1999.

According to Dr. Malone, Davis' health is better now than it was when he started the program. "For all the health issues he has, he's doing very well."

In addition to diabetes, Davis has high cholesterol, hypertension, congestive heart failure and renal insufficiency. He takes 23 medications on a daily basis. Davis was an obvious candidate for the diabetes program.

The program was started to try to improve care for patients with diabetes. Two pharmacists were hired to lead the program, Dr. Malone one of them, and they had one year to show results without increasing patient visits. So, they got on the telephone.

They selected patients not doing particularly well with glucose control and called them to ask about their blood sugar and blood pressure. They discussed and encouraged lifestyle modifications, including diet and exercise, adjusted medications according to prespecified algorithms and reminded patients of their appointments.

They also created a database to keep track of all the patients in the program and to document how they were doing. "What is unique about disease management is it is systematic approach for patient care. It takes at-risk patients and then intervenes with specific programs of care and it measures the clinical outcomes," Dr. Pignone said.

Their pilot study of the program found that participants had an average reduction in hemoglobin A1c, a measure of blood sugar control, of 1.9 percentage points, from 10.8 percent to 8.9 percent. The results were so promising that Drs. Pignone and Malone, along with others, decided to pursue a randomized trial, which was completed this past May.

Michael Pignone, MD, left, and Robb Malone, PharmD, right, chat with Floyd Davis during one of his recent appointments. Davis has been a patient of the Division of General Internal Medicine Practice's diabetes program since it was established in 1999. Because of the program, Davis' health is better now than it was four years ago.

The trial confirmed the result of their previous work. Again, hemoglobin A1c decreased by an average of 1.9 percentage points in patients enrolled in the program compared to those receiving routine care. They also saw large improvements in blood pressure and aspirin use. Based on these changes, patients in the program will have over a 50 percent decrease in heart attacks and strokes, the major causes of death for patients with diabetes. Patient satisfaction increased significantly as well.

The results have gotten the attention of others. The group had an article published in the spring in the *American Journal of Medical Quality* on the pilot study and have submitted the results of the randomized trial to *Annals of Internal Medicine*. Additionally, Dr. Russell Rothman who worked with the team during his fellowship in the Robert Wood Johnson Clinical Scholars Program, presented the results of the randomized trial at a meeting of the national Society of General Internal Medicine, where it won an award for best research project.

The initial success of the diabetes program also led to the creation of other programs within the General Internal Medicine Practice. In 2001, an anticoagulation program was started. "We were seeing such great results with the diabetes program, that we decided to use the same approach to treat patients with blood clotting disorders," Dr. Pignone said.

A year ago, a chronic pain program also was started and this year is being expanded to patients with osteoarthritis. These programs still are in pilot phases, but the results suggest similarly large improvements in the quality of care. The hope is to expand to other conditions, such as depression and asthma/chronic obstructive pulmonary disease, both within the General Internal Medicine Practice and in other specialties.

"We have established a multidisciplinary, disease management approach that we think can be modified and tailored to work with many different chronic illnesses," Dr. Pignone said.

According to Dr. Pignone, the benefits of using systematic approaches to actively manage chronic disease are numerous. "As a provider in the practice, I have found that our programs for chronic illness make providing care more enjoyable, make our patients more satisfied and improve outcomes. It is really a win-win situation. I am excited to help bring this model of care to patients throughout UNC Health Care."

ANTON

Eva Anton, PhD, assistant professor of Cell and Molecular Physiology, recently received the Jefferson-Pilot award. Through the generosity of the Jefferson-Pilot Corporation, a trust fund has been established within the Medical Foundation for the support of Jefferson-Pilot Fellowships in Academic Medicine at the UNC School of Medicine. The active term of the fellowship is four years and the recipient receives $20,000. Dr. Anton will use the grant to explore novel functions of glia in the developing cerebral cortex.

William Arendshorst, PhD, professor of Cell and Molecular Physiology, gave the Carl W. Gottschalk Distinguished Lectureship for the American Physiological Society in April 2003.

Stephen Aylward, PhD, assistant professor of Radiology, was elected president of the Insight Consortium, a nonprofit agency promoting open-source software for medical image analysis. He has also been appointed guest editor for IEEE Transactions on Medical Imaging special issue on Image Processing for Intra-Operative Surgical Guidance.

Jarrett Barnhill, MD, professor of Psychiatry, has been elected to the board of directors for the National Association of Dual Diagnosis (NADD). He also gave the keynote address and lecture at the University of Medical Dentistry NADD Conference in New Jersey in September.

Robert Bashford, MD, associate professor of Psychiatry, has been appointed to the editorial board of Primary Psychiatry. In addition, Dr. Bashford delivered the 2003 Annual Whitehead Lecture at the start of the new academic year.

Craig A. Buchman, MD, FACS, associate professor and chief of Otology/Neurotology and Skull Base Surgery, was awarded a Teaching Excellence Award for 2003. He was selected by the Department of Otolaryngology/Head and Neck Surgery and the School of Medicine in recognition of his sustained outstanding contribution to the teaching mission.

Sharon Campbell, PhD, associate professor of Biochemistry and Biophysics, and **William Marzluff, PhD**, distinguished professor of Biochemistry and Biophysics, have been appointed to four-year terms on the NIH Biophysical Chemistry and Cell Development and Function Study Sections, respectively.

Charles Carter Jr., PhD, MS, professor of Biochemistry and Biophysics, has been appointed to the American Institute of Physics for a three-year term to represent the interests of structural biologists.

Kenneth L. Cohen, MD, professor of Ophthalmology, has received the School of Public Health Program on Health Outcomes 2002 Service Award.

Blossom Damania, PhD, assistant professor of Microbiology and Immunology, was awarded the 2003 American Herpes Foundation Research Award for her outstanding work investigating the role of Kaposi's sarcoma in the development of human malignancies. An awards ceremony was held to honor her achievement at the annual meeting of the Infectious Diseases Society of America in October 2003. The award includes a cash prize of $10,000 to be divided evenly between Dr. Damania and the department of Microbiology and Immunology.

Nikolay Dokholyan, PhD, assistant professor of Biochemistry and Biophysics, has been awarded a Basil O'Connor Starter Scholar Award from the March of Dimes.

Mary Anne Dooley, MD, associate professor of Rheumatology and Immunology, received a two-year grant from the Lupus Clinical Trials Consortium to develop/improve infrastructure for lupus clinical trials at UNC.

Shelton Earp, MD, Lineberger professor of Medicine and Pharmacology and director of the Lineberger Comprehensive Cancer Center, has been elected to serve a two-year term as vice president and president-elect of the Association of American Cancer Institutes. He will then serve as president from 2005-06. The AACI is the national organization for the United States' leading academic and freestanding cancer centers. With more than 80 member institutions, the association helps coordinate the national agenda for both cancer care and all facets of cancer research.

Paul Farel, PhD, professor of Cell and Molecular Physiology and course director for Medical Neurobiology, won the Freshman Basic Science Course Award for 2002-2003 at the Whitehead Awards Ceremony.

Robert Golden, MD, professor and chair of Psychiatry, was elevated to Fellow in the American College of Psychiatrists and named as chair of the Dean Award Committee.

Cherri Hobgood, MD, assistant professor of Emergency Medicine, has received the 2003 Excellence in Teaching award from the Emergency Medicine Residents' Association. The EMRA, a nonprofit organization that serves resident physicians who are training in emergency medicine, honored Dr. Hobgood as an outstanding faculty member who has served as a unique role model and mentor for residents. The award includes a plaque that was presented to Dr. Hobgood and a $1,000 donation in her name to the Emergency Medicine Foundation of the American College of Emergency Physicians.

Mina Hosseinipour, MD, assistant professor of Infectious Diseases and currently stationed in Malawi, was awarded an NIH International Research Scientist Development Award with a proposal titled "The Effect of Parasitic Infection on HIV disease in Malawi." She also received a Doris Duke Charitable Foundation grant titled "Virologic monitoring of the Malawian antiretroviral cohort."

Christopher Klipstein, MD, assistant professor of Medicine and director of the Third Year Internal Medicine Clerkship, received the Hyman L. Battle Excellence in Teaching Award in the Clinical Sciences at the 2003 Whitehead Awards Ceremony. The award was established in 1985 to recognize exceptional teaching in the clinical curriculum. The recipient is selected by third- and fourth-year medical students.

David Lee, PhD, chair and professor of Biochemistry and Biophysics, has been elected a Fellow of the American Association for the Advancement of Science for contributions to the EGF (Epidermal Growth Factor) field.

LEE

Joseph Lee, MD, professor and chair of Radiology, recently delivered the 32nd Annual Wendell G. Scott Lecture at Washington University, Mallinckrodt Institute of Radiology. Previous speakers include Sir Godfrey Hounsfield, the inventor of CT scanners and Nobel laureate.

Jeffrey Macdonald, PhD, assistant professor of Biomedical Engineering, recently gave a seminar at the University of Pittsburgh McGowen Institute for Regenerative Medicine titled "Engineering Considerations in the Development of a Bioartificial Liver." He received a plaque for special recognition of his contributions to regenerative medicine.

Nobuyo Maeda, PhD, professor of Nutrition, recently was named the first Robert H. Wagner Distinguished Professor in Pathology and Laboratory Medicine. Dr. Maeda's research in the area of genetic factors influencing the initiation and progression of athersclerosis has led the way in this field. She has over 180 publications, is principal investigator on two NIH R01 grants and is co-investigator on several others. She has national recognition for her research and she serves on NIH study sections and committees. She planned and directed a new predoctoral training program in integrative vascular biology that is funded by the NIH.

Paul Molina, MD, professor of Radiology and residency program director, received the 2003-04 Teaching Excellence Award from the UNC School of Medicine.

Douglas Morgan, MD, PhD, assistant professor of Medicine, and **Mark Russo, MD**, assistant professor of Medicine, recently received NIH K12 awards.

Leslie Morrow, PhD, professor of Psychiatry and associate director of the Center for Alcohol Studies, has been reappointed as an associate editor of *Pharmacology and Therapeutics* for an additional three-year term and has also been appointed as an advisory editor of *Psychopharmacology*.

Jack Naftel, MD, associate professor of Psychiatry, has been named as the 2003 recipient of the Eugene Hargrove Award from the North Carolina Foundation for Mental Health Research. He received the award at the 2003 N.C. Psychiatric Association meeting.

PEDEN

David Peden, MD, professor and chief of Allergy, Immunology and Environmental Medicine, has been selected as the co-chair elect of the American Board of Allergy and Immunology for 2004. Dr. Peden will also serve as co-chair in 2005 and as chair in 2006.

Christopher Pilcher, MD, assistant professor of Infectious Diseases, was awarded an R01 by NIMH/NIH titled "Targeting Acute HIV." He also has received funding from Gen-Probe for the UNC Acute Infection Screening Initiative which will require testing of up to 200,000 patient samples.

Etta Pisano, MD, professor of Radiology and chief of Breast Imaging, received a three-year grant from the National Cancer Institute for the study of Mammographic Density and Invasive Breast Cancer. She was a visiting professor at Beth Israel-Deaconess Medical Center in Boston and was recently named 2003-2004 Fellow of the Hedwig van Ameringen Executive Leadership in Academic Medicine Program.

Cynthia Powell, MD, associate professor of Pediatrics and Genetics, was awarded a $250,000 grant from the Centers for Disease Control and Association of American Medical Colleges. The two-year project, "Genetic Services for Congenital Hearing Loss," will look at availability and access to genetic services for infants identified with hearing loss through the North Carolina Newborn Hearing Screening Program, as well as parental attitudes and understanding of genetic information.

William F. Renn, MSW, adjunct assistant professor of Psychiatry, has been appointed by the Governor to serve as a member of the North Carolina Substance Abuse Advisory Council.

Robert Sandler, MD, chief of Gastroenterology and Hepatology, recently became the Nina and John T. Sessions Distinguished Professor of Digestive Diseases and Nutrition.

SANDLER

Scott Stroup, MD, associate professor of Psychiatry, received an award from the Greenwall Foundation for his proposal to "Evaluate the Subject Advocate Procedures in CATIE."

WOHL

David A. Wohl, MD, assistant professor of Infectious Diseases, was awarded a grant from Abbott Labs to study the pharmacokinetics, tolerability, acceptability and efficacy of a once-a-day HIV therapy regimen in African-American men and women. He also has been awarded an RO1 to study an intervention to improve access to care and reduce HIV transmission risk behaviors among HIV-positive individuals following prison release.

Steven Zeisel, MD, PhD, chair of Nutrition, has been appointed as Distinguished Professor of the American Institute for Cancer Research (AICR) World Cancer Research Fund.

UNC opens Southeast's first comprehensive eating disorders program

By Crystal Hinson Miller

Until recently, North Carolinians have looked nationwide for a program to treat serious eating disorders. With no available in-state source of intensive inpatient treatment in cases of anorexia nervosa, bulimia nervosa, and binge eating disorder, many families were forced to go beyond our borders – as far away as New York and Pennsylvania – to seek treatment for loved ones who had severe health needs related to eating disorders.

Now, there is help here at home. UNC Hospitals is treating patients in the first comprehensive eating disorders program of its kind in the Southeastern United States. One major part of the program – a 10-bed inpatient unit – opened Sept. 1 on the fifth floor of the N.C. Neurosciences Hospital on the campus of the University of North Carolina at Chapel Hill.

The inpatient unit is just one part of a three-pronged program that will allow UNC to address the needs of patients at all levels of treatment, train present and future clinicians statewide in current treatment practices and research data, and conduct research in anorexia nervosa, bulimia nervosa, and binge-eating disorder to identify better treatment mechanisms and study factors both environmental and genetic that contribute to the development of the diseases.

Statistics about eating disorders in our society are a tremendous indicator of the need for treatment opportunities. According to the Academy for Eating Disorders, at any given time 10 percent or more of college-aged women report symptoms of eating disorders. Additionally, close to 1 percent of all late adolescent or adult women meet criteria for the diagnosis of anorexia nervosa and approximately 1 to 2 percent of late adolescent and adult women meet criteria for the diagnosis of bulimia nervosa.

"Countless young women across the country are suffering from potentially life-threatening eating disorders, and they're especially concentrated in the population that's right here in our back yard," said Robert Golden, MD, chair of the Department of Psychiatry. "Therefore, we thought it was part of our mission to the people of North Carolina to take the lead in getting a top program together."

The new program is headed by Cynthia Bulik, PhD, who joined the School of Medicine faculty in July as the William R. and Jeanne H. Jordan distinguished professor of eating disorders. Dr. Bulik's newly created position is the only endowed professorship in eating disorders in the United States. There is only one other such professorship anywhere in the world, at the University of Toronto.

Dr. Bulik said UNC's program was needed because until now, "North Carolina has been put in the position of having to send its eating disorders patients out of state." UNC's new program is the only comprehensive eating disorders program between Maryland and Florida, she said.

Dr. Bulik previously was a professor of psychiatry at the Medical College of Virginia of Virginia Commonwealth University, where she directed the eating disorders program at the Medical College of Virginia Hospitals in Richmond. Dr. Bulik is also the 2003-2004 president of the Academy for Eating Disorders, a multidisciplinary professional organization that focuses on anorexia, bulimia, binge eating disorder and related disorders.

Eating disorders occur more often in young women of high school and college age than in any other group. That makes the Triangle, because it is home to three major universities and several smaller colleges, fertile ground for disorders like anorexia nervosa.

People with anorexia have an intense fear of weight gain and take extreme measures, such as severely limiting their food intake, exercising excessively or purging to avoid gaining weight. But these measures often lead to problems such as severe weight loss, skeletal muscle atrophy and low blood pressure. And anorexia is frequently deadly – more people die from it than from any other psychiatric disease.

Photos by Jay Mangum

Dedication: *Robert Golden, MD, chair of Psychiatry; Eric Munson, president and CEO of UNC Hospitals; Dr. Bulik; Sen. John Kerr and others unveil the new Eating Disorders unit.*

Photos by Brian Strickland

Coach Williams drops in
UNC men's basketball coach Roy Williams unveiled the new 2003 holiday card for Kids Cards, a fund-raising endeavor that benefits The N.C. Children's Hospital. At right, he looks on as a patient shoots hoops in the Play Atrium.

Two key factors make UNC's program different from other programs that are not considered to be comprehensive. One is that UNC offers a step-down approach to treatment, meaning that patient care options range from intensive inpatient care to more flexible day patient care, and finally to outpatient care. The other is that UNC's treatment is evidence-based, meaning that all methods used have been proven effective in rigorous clinical trials.

"My vision is to make UNC a world-class treatment, training and research facility," Dr. Bulik said. "We're aiming for the very highest level."

Funding for the professorship endowment totals more than $1 million and came from multiple sources, including a gift from the Jordans, a $400,000 matching grant from the state obtained with the assistance of Sen. John Kerr and a fund-raising campaign by the Anorexia-Bulimia Foundation of North Carolina. Additional gifts to the program may be made by contact the Department of Psychiatry Office of External Relations at (919) 962-9427.

Patients must meet specific clinical guidelines to be eligible for admission into UNC's eating disorders program, and admission requires a physician's referral. For questions about the program or to obtain more information, please contact UNC HealthLink at (919) 966-7890.

New prostate cancer surgery procedure offered at UNC Hospitals

Prostate cancer patients coming to UNC Hospitals for surgery have a new option. Rather than undergoing the traditional radical prostatectomy, they may choose to have the procedure done laparoscopically which can reduce recovery time as well as post-operative pain. Currently, UNC Hospitals is the only medical center in the area offering this procedure.

Patients may now choose among several options for cancer that has not spread beyond the prostate, including watchful waiting, radiation or surgery. The traditional radical prostatectomy is performed through an incision in the lower abdomen through which the prostate and lymph nodes are removed. A newer method, commonly known as nerve-sparing prostatectomy, was developed in the 1980s and attempts to preserve potency.

"Having a prostatectomy done laparoscopically means less post-operative pain and a shorter recovery time," said Eric Wallen, MD, UNC assistant professor of surgery and member of the UNC Lineberger Comprehensive Cancer Center. Dr. Wallen came to UNC in July from Dartmouth-Hitchcock Medical Center, where he established a successful program in laparoscopic prostatectomy over the past three years.

"With the traditional surgery, the recovery period is usually six to eight weeks, whereas following the laparoscopic procedure, the time is reduced to two weeks," Dr. Wallen said. "There is also less need for blood transfusion during surgery."

For Dr. Wallen, another advantage is what he is able to see. "I have a better view of the edges of the prostate and the nerves that are so crucial to the preservation of erections."

Charles Kinnaird of Chapel Hill had the procedure in November. Three weeks later, he said, "I am completely healed. I can hardly believe I've had an operation."

He chose to undergo the surgery laparoscopically after observing friends' experiences with the laparoscopic technique for other types of surgery, and after his son's experience with a shoulder-reconstructive surgery in Chicago where he was home the same day post-surgery. Kinnaird's experience was similar. "It was less invasive, and my recovery is measured in weeks instead of months," he explained.

The surgery still carries a similar risk of incontinence and impotence, as does the traditional method. Anyone with a prostate cancer confined only to the prostate is a candidate for this procedure.

For further information about this procedure or to make an appointment, please call (919) 966-9696.

—Dianne Shaw

'Doc Hollywood' author brings his act to UNC Hospitals

Neil Shulman, MD, is a man of many talents.

He is perhaps best known as the author of a novel that inspired the 1991 hit movie Doc Hollywood, which starred

Michael J. Fox. But Dr. Shulman has also written more than a dozen other books, including fiction, non-fiction and children's titles.

Dr. Shulman is also a medical doctor and an associate professor at Emory University School of Medicine in Atlanta. He and a collaborator jointly hold a patent on a convertible cabin design with an innovative sliding roof. And Dr. Shulman is a stand-up comedian and motivational speaker who travels the country making dozens of appearances each year demonstrating the value of humor in medicine, both for patients and physicians.

On Dec. 4 and 5, Dr. Shulman brought his act to UNC Hospitals. His jam-packed schedule included, among other things, discussions with medical students and doctors about how to live a more rounded life, a presentation for employees of UNC Hospitals, a performance for children in the lobby of the N.C. Children's Hospital and visits to children in their hospital rooms.

Dr. Shulman touched on several themes during his visit.

"Life is just a dash between two numbers on a tombstone," he said, repeating a personal mantra that appears on every page of his Web site, www.dochollywood.com. "Everyone should enjoy the dash and help others enjoy it, too."

In particular, Dr. Shulman said, many doctors and medical students feel so overwhelmed by their duties that they think they don't have time for other things they'd like to do, whether it's writing a novel, taking up painting or sculpture or simply having a good time. So, he plans to talk to doctors and medical students at UNC about what he calls "renaissance living."

"I think doctors can be healthier if they keep a little diversity in their lives," Dr. Shulman said. "I also think humor is very important and therapeutic for doctors."

His performance for children titled "What's in a Doctor's Bag?" is based on his book of the same name and is aimed at taking away the fear of doctors that many children have. In the book, the medical instruments get out of the bag and turn into friendly creatures that explain what they are used for. Dr. Shulman has had some of those creatures made into toys, like Otis the otoscope and Ms. Kneeknocker, the reflex hammer, and he brought the toys with him to UNC.

"When you put on a white coat you are intimidating," Dr. Shulman said. "So I put on a white coat and a big funny hat and act a little goofy. Then, you're no longer intimidating and the kids can communicate with you."

Dr. Shulman said he is on a mission to have a class about medicine taught in public schools. The idea is that people who take such a class will be able to communicate better with their doctors, and thus will receive better medical care. To support this mission, Dr. Shulman spoke with students at Chapel Hill High School and Grey Culbreth Middle School while he was in town about careers in medicine, writing and science.

He also gave a talk to an audience of about 300 senior citizens, titled "A Humorous Salute to Health with the Inside Scoop on How to Talk to Your Doctor" at the United Church of Chapel Hill.

Dr. Shulman came to UNC at the invitation of Marschall Runge, MD, professor and chair of the Department of Medicine. Dr. Runge once was on the medical school faculty at Emory, and knows Dr. Shulman from those days.

"It was a unique opportunity to have Dr. Shulman visit UNC," Dr. Runge said. "He understands the demands of an academic medical center; he has been a faculty member himself for many years. That said, Dr. Shulman is a terrifically innovative person – he is not only an academic physician, but a writer, teacher, actor and humorist all rolled into one. His insight into 'life in medicine' is unique and insightful."

— Tom Hughes

Breast Center celebrates 10-year milestone

When the UNC Breast Center began in November of 1993, it was a new direction for UNC.

"The UNC Breast Center was the first attempt of UNC Hospitals, the School of Medicine and the UNC Lineberger Comprehensive Cancer Center to build a multidisciplinary group," explained Shelton Earp, MD, distinguished professor and director of Lineberger. "The Breast Center was the first to offer integrated services to help women maintain breast health, develop strategies for those at increased risk and to provide care for women who have breast problems."

The original team included faculty and staff from all the specialties that help care for breast cancer: surgery, medicine, radiation oncology, radiology, pathology, and clinical psychology. As comprehensive breast care evolved, so did the Breast Center, which now also includes specialists in genetics, physical therapy, complementary medicine and psychiatry.

The original program leaders were Bill Cance, MD, former division chief for surgical oncology who has since left UNC; and Mark Graham, MD, associate professor, and Edison Liu, MD, who is no longer at UNC, from medical oncology. The current program co-leaders include Drs. Lisa Carey, associate professor of medical oncology; David Ollila, assistant professor of surgical oncology; Carolyn Sartor, assistant professor of radiation oncology; and Dr. Graham.

"We knew that for patients, having access to all the specialists in one clinic on one day would be a huge advantage: all the experts in one place talking about each individual patient's case and developing a treatment plan based on a consensus opinion from the tumor conference," said Dr. Graham. "The psychosocial needs of the patient were also addressed from

the very beginning by a social worker and now an additional counselor."

During this 10 years, UNC has pioneered several efforts in pre-operative chemotherapy and radiation therapy, which can minimize surgery and give valuable information about a woman's particular cancer sensitivity to drugs; sentinel lymphadenectomy, which can also minimize surgery; intraoperative radiation therapy, which may make radiation therapy a much more convenient and easy procedure for the patient; and establishment of North Carolina's first high-risk clinic.

Missy Julian Fox of Chapel Hill, a breast cancer patient treated at UNC since 1990, lauded the UNC Breast Center.

"The innovative concept of the Breast Center has been life-saving. Imagine the benefits from a patient's standpoint: A real team of experts devised my treatment plan. Each of my caregivers was up to date on my treatment plan from the very first day of diagnosis. Are more heads better than one? When it comes to fighting cancer, absolutely. And this team approach also included me. We were an active, decision-making team, all of us working together for one goal – saving my life. The UNC Breast Center approach gave me power, confidence and comfort."

The 10th anniversary celebration began during the week of Nov. 10-14, when birthday cakes were served in all breast cancer clinics, pink banners flew on Franklin Street, pink scarves were given to all new patients and two Grand Rounds were held in Surgery and Medicine.

Grand Rounds speakers reviewed changes in care over the 10-year period. For example, to evaluate risk of getting breast cancer, in 1993, the only tool available was the Gail Model, which, based on such factors as family history and age, calculates risk for populations of women. The first Breast Cancer Prevention Trial of tamoxifene was just getting under way. In 2003, there are BRCA 1 and 2 testing, ductal lavage, the Gail and other similar models, proven prevention therapies in tamoxifen and prophylactic surgery. UNC geneticists tested their 1000th family in May 2001.

Screening has also progressed. The standard in 1993 was an X-ray mammogram. In 2003, digital mammography is being evaluated in a UNC-directed international trial led by Etta Pisano, MD, while CT and MRI are also being used in specific cases.

Surgical treatments available in 1993 were a lumpectomy or mastectomy, full axillary dissections and evolving work in reconstructive surgery. In 2003, sentinel node biopsy allows surgeons to determine the spread of disease, thus possibly avoiding the full lymph node dissection. Breast reconstruction can be done using the woman's own tissue, and pre-operative medical therapy makes saving the breast much more feasible.

Medical oncology care has advanced substantially since1993. In 2003, medical therapy is known to improve cure for most cancers, and pre-operative therapy shrinks tumors so less surgery is needed. For metastatic disease there are multiple proven chemotherapies, and the era of biologic therapy has arrived, Further advances such as gene chips that examine molecular profiles of tumors have been developed at UNC and are part of the individualized approach that will characterize the next decade in breast cancer care.

In radiation oncology, UNC has been a national leader

Banners on Franklin Street reminded people of breast cancer awareness.

in the development of sophisticated, targeted, three-dimensioal radiotherapy. The intraoperative therapy trial is just one of the methods being explored to make therapy more convenient and effective.

Complementing all the clinical work is Lineberger's Specialized Program of Research Excellence (SPORE) in breast cancer, funded since 1992 by the National Cancer Institute. SPORE researchers are developing and testing new therapeutic combinations, studying the impact of breast cancer on families and relationships, and studying environmental and behavioral factors in the development of breast cancer. The SPORE is a collaborative effort of Lineberger, the UNC School of Medicine and the School of Public Health.

"We are proud of our progress over these 10 years," Dr. Carey said. "With the superb faculty and staff and all the research efforts taking place at UNC, our patients have access to the most specialized cancer treatment available today, and UNC is leading the way in the development of promising new therapies."

— Dianne Shaw

Correction

The spring issue of the *Bulletin* made a mistaken reference to N.C. Sen. Tony Rand's district. We regret the error. Sen. Rand is a Democrat and majority leader representing the 19th District. He was first elected senator, representing the 12th District in 1981 and was re-elected three times.

Between 1994-2002, he was the senator representing the 24th District. He has served on important Senate committees over the years, including the Appropriations/Base Budget Committee (Chair, 1985-88). Sen. Rand currently serves as a member of a number of boards and commissions, including the UNC-Chapel Hill Carolina First Campaign Committee, the North Carolina Institute of Medicine, the N.C. Advisory Budget Committee, and UNC-Chapel Hill General Alumni Association Board of Directors (Treasurer).

Among his awards, he received the William R. Davie Award from UNC-Chapel Hill in 1995, the UNC-CH General Alumni Association Distinguished Service Medal in 1998, an Honorary Doctor of Laws degree from Fayetteville State University in 2000 and the UNC-Chapel Hill Law School Distinguished Alumnus Award in 2001.

Outpouring of support

Second N.C. Children's Promise radiothon raises $270,000

By Tom Hughes

The N.C. Children's Promise radiothon, in just its second year, raised at least 47 percent more than it raised in 2002.

As of the end of the Nov. 20 radiothon, donations that had been recorded totaled approximately $270,000. By comparison, the first N.C. Children's Promise had raised $183,253 by the time it went off the air. Additional contributions continued to come in over the next few weeks and pushed the 2002 total to more than $200,000. The total for 2003 is expected to rise in a similar manner.

"We are tremendously happy with these results," said Alan Stiles, MD, physician in chief at the N.C. Children's Hospital and chair of the Department of Pediatrics.

"Our heartfelt thanks go to the thousands of North Carolinians across the state who made contributions," Dr. Stiles said. "We are also extremely grateful to the Curtis Media Group, for once again devoting virtually all of its employees and 20 hours of extremely valuable commercial air time over 14 radio stations to the cause of helping children in the hospital."

Eric Munson, president and CEO of UNC Hospitals, said, "While we are delighted with the financial results of the radiothon, we are also pleased with the N.C. Children's Hospital's increased exposure and recognition for its being the only full-service pediatric facility under one roof in the state. We are thrilled with the outpouring of support from so many North Carolinians on behalf of the children and families whom we are privileged to serve."

Phil Zachary, executive vice president of Curtis Media, said everyone at Curtis was also "thrilled with the response from our listeners."

"From Goldsboro to Burlington, and everywhere in between, they heard our appeal and they responded," Zachary said. "I'm particularly gratified to see our Spanish-speaking listeners also take part this year. In its first Children's Promise radiothon, La Ley 96.9 FM raised more than $5,000 from its Hispanic listening audience."

La Ley's presence in the Children's Hospital lobby had a noticeably positive impact. As the radiothon approached midnight, the high-energy delivery and infectious enthusiasm of La Ley's two on-air personalities gave a much-needed lift to everyone who could hear or see them in action. That afternoon a Latino gentleman walked up to the cash drop box in the Children's Hospital lobby and dropped in three $100 bills. And the two radiothon phones answered by Spanish-speaking volunteers rang frequently.

Photo by Brian Strickland

Organizers and volunteers pose at 1 a.m. to celebrate the radiothon's success.

The $270,000 figure includes proceeds from several wrap-around activities held to support the radiothon. A "Quarters for Kids" campaign by radio station WQDR (94.7 FM) raised $27,000. Quiznos sandwich shops collected $10,000 and Bojangles' restaurants collected $2,000 in buckets at their Triangle locations. And Performance BMW in Chapel Hill raised $7,550 by selling raffle tickets for a free one-year lease of a new 530i.

The second N. C. Children's Promise featured several touching and dramatic moments. For example, early in the day up and coming country music singer Sherrié Austin brought many to tears with her performance of "Streets of Heaven," a song she penned about a mother's pleas to God from the hospital room of her ailing young daughter.

In the afternoon, a large crowd gathered to hear country music star LeAnn Rimes read from a children's book she wrote. One of the most appreciative members of that audience was not a child, but a man who had recently undergone heart transplant surgery at UNC Hospitals. He told hospital staff that he really wanted to see LeAnn Rimes, so they wheeled his bed into a position in the Children's Hospital lobby that afforded him a clear view of the stage.

The radiothon even provided a reunion of sorts for a musical theater performer and a 14-year-old Raleigh girl who is being treated for leukemia. Brad Little, who played the phantom in a touring production of "Phantom of the Opera" that played at Broadway Series South in Raleigh last spring, called from New York to give on-air interviews and chat with Rebecca Simpson. Little also called the radiothon phone room and made a contribution.

He met Simpson last May, when she had tickets to a performance of "Phantom" but was unable to leave the hospital. So, Little and two other cast members came to the Children's Hospital and performed songs from the show for her.

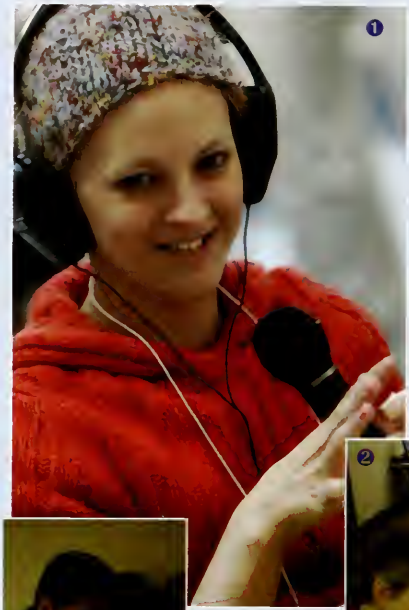
As for Rebecca Simpson, she and her parents, Jeff and Emmaline Simpson, spent several hours at the radiothon talking about their experiences in the Children's Hospital with each of the stations. Several callers said they were making donations because of hearing Rebecca, including one person who gave $1,000.

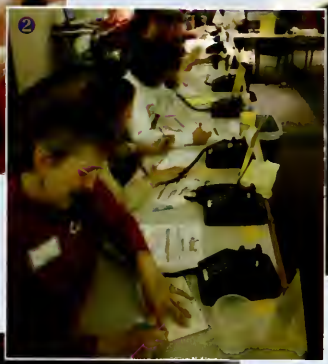
Thank you

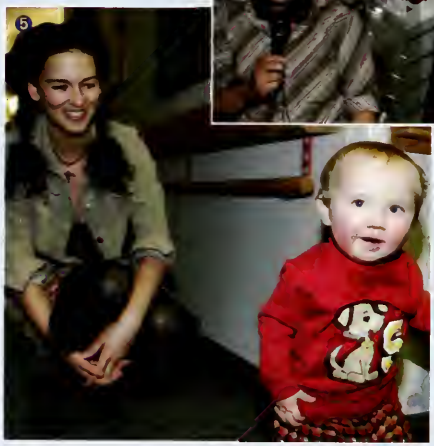
In addition to the generosity of the Curtis Media Group, the N.C. Children's Hospital would like to express its appreciation to the following businesses and individuals that helped make the N.C. Children's Promise radiothon a success:

Adams Outdoor
AHS Food Service, Inc.
All American Relocation
Alltel Communications
Amante Pizza
Bear Rock Café
Bojangles
Brixx Pizza
Business North Carolina
Butner-Creedmoor News
Campus Echo
Carolina Hurricanes
Carolina Inn
Carolina Panthers
Carolina Parent
The Carolina Times
Carolina Woman
The Carolinian
Charlotte Magazine
Chick-fil-A of University Mall
City County Magazine
Cleveland Mall
Coca-Cola Bottling
The Courier Tribune
Crabtree Valley Mall
Crook's Corner
The Daily Dispatch
The Daily Tar Heel
Domino's
N.C. First Lady Mary Easley
Elmo's Diner
Endurance Magazine
EspressOasis
Fairway Outdoor
Faye Parker
Foster's Market
Goldsboro News-Argus
Greater Charlotte Biz
Independent Weekly
Alexander Julian
Kanki
Lamar Outdoor
Lil' Dino's
Media Networks Inc.
Medical Mutual Insurance Company
News 14 Carolina
The News & Observer
The News of Orange County
North Carolina
North Carolina Zoological Park
Our State
Overton Distributors
Panera Bread Company
Pepsi Bottling
Performance AutoMall
Quiznos Sub
Red Hot & Blue
Revolution Sports
The Robesonian
The Sanford Herald
Southpoint Cinemas
The Streets at Southpoint
Spice Street
Jerry Stackhouse
Texas Steakhouse
Livingston Taylor
Technician
Dr. William Thornton
Time Warner Cable
Triangle Pointer
UNC Hospitals Catering
University Mall
Veasey AdVentures
Wendy's
Whole Foods Market
Coach Roy Williams
The Wilson Daily Times

development







the N.C. Children's PROMISE

$20 for 20 hours

Snapshots of a SPECIAL DAY

1. *Pediatric patient Rebecca Simpson spoke with radio hosts*
2. *Volunteers answered calls*
3. *96 Rock DJ Chopper drummed up listener support*
4. *La Ley 96.9 FM reached out to listeners*
5. *Singer Sherrie Austin visited patients*
6. *Country music star LeAnn Rimes made an appearance*
7. *Hospitals CEO Eric Munson motivated listeners to donate*
8. *Alan Stiles, MD, greeted singer Sherrie Austin*
9. *Singer LeAnn Rimes read from her children's book*
10. *An Elvis impersonator entertained the crowd*

Walk for Hope raises nearly $300,000 for mental illness

The 15th Annual Walk for Hope drew 2,000 participants and raised nearly $300,000 for mental illness research in the Triangle area.

Supported by The Foundation of Hope for Research and Treatment of Mental Illness, the walk is the only annual community event of its kind in the United States raising dollars for research and treatment of mental illness.

With more than 60 walkers representing various areas of the hospitals, School of Medicine and health care system, UNC received kudos for being the largest team represented this year at the 2003 Thad and Alice Eure Walk for Hope.

The late Thad Eure Jr. and his wife, Alice, owners of the Angus Barn restaurant in Raleigh, established The Foundation of Hope for Research and Treatment of Mental Illness in 1984 to express their commitment to mental illness research and treatment in North Carolina. The Walk for Hope is the only fund-raising event held annually by the foundation – a 501 (c)(3) non-profit organization. The mission of the foundation is to promote scientific research aimed at discovering the causes and potential cures for mental illness in order to develop a more effective means of treatment. Additionally, the foundation is committed to raising community awareness and supporting effective treatment programs. It provides financial support for ongoing and new research, treatment and the development of researchers at Dorothea Dix Hospital, UNC and its affiliated psychiatric institutions and local mental health agencies.

UNC's team

The Eure family's commitment to finding cures for mental illnesses began when a family member was diagnosed with a chronic bipolar disorder in the 1970s. For years, the Eures traveled the country looking for facilities and doctors who could offer some promise of recovery. At the time, there were few viable treatments for mental illness and almost no research was being done into the causes and cures.

Since its inception, the Foundation of Hope has awarded more than 70 research grants at UNC with an average of $29,000 per project. To date, over $2 million has been given cumulatively to fund research projects in the UNC Department of Psychiatry, and this funding has been instrumental in those same projects receiving additional funding of $89 million from the National Institute of Mental Health.

Early studies funded by the Foundation of Hope at UNC include the first grant, issued to Robert Golden, MD, chair of Psychiatry, entitled "Role of Serotonin in Pathogenesis and Treatment of Depression." Other mood disorders studies include "Cortisol Effects on Brain Noradrenergic Receptors in Major Depressive Illness" and "Treatment of Depression with combination of Metgrapone and Antidepressants."

Studies on schizophrenia include "HLA, Season of Birth & Clinical Features of Schizophrenia: Exploring Gene-Environment Interaction," "Etiological Factors That Contribute to Structural Brain Abnormalities in Schizophrenia" and "Social Cognitive Vulnerability Markers for Schizophrenia."

For more information about the Walk for Hope, visit the foundation Web site at www.walkforhope.com or contact Crystal Hinson Miller at (919) 962-9427.

— Crystal Hinson Miller

GlaxoSmithKline grants $94,000 to N.C. Children's Hospital

GlaxoSmithKline's Community Partnerships program granted $94,000 to the N.C. Children's Hospital for a project titled "Improving Health Care for Children in the Children's Clinics of the North Carolina Children's Hospital."

This generous grant will improve the quality and outcomes of care provided to children with chronic illness seen in the pediatric subspecialty clinics. The funds will also help increase the accessibility of the children's clinics to patients and their referring physicians by improving the efficiency of the clinics' operations.

— Greg Holliday

Cravers establish surgical teaching award

A recent gift from cardiothoracic surgeon Joseph M. Craver, MD, and his wife, Missy, is all heart. Not the 15,000 hearts Dr. Craver has repaired in his 30-year career, but the heart of great teaching — the passion, intensity and drive that incite and exact excellence.

"I want a person teaching my future surgeon and physician, a person who's committed to teaching, so that future students and fellows don't depend on machines, video files, computers or other impersonal learning methods," Dr. Craver said. "As medical science moves forward, I am concerned that the status of the teacher is being relegated to second to that of the researcher. I want Carolina to reward the time and effort spent teaching, and I wanted to create a financial incentive to do so."

Through a charitable remainder trust, the Cravers will create an endowment to fund the Joseph M. and Amelia Wilson Craver Teaching Excellence Awards. Recipients of the awards will be selected annually by a vote of the members of the UNC School of Medicine graduating class who have accepted postgraduate residency positions in surgical disciplines. "The charitable remainder trust fit with my financial plan," Dr. Craver said. "My wife and I could give Carolina a larger amount over time than if we had made the gift outright."

Anthony Meyer, MD, chief of surgery at UNC Hospitals, expressed appreciation for the award.

"With all the pressures on faculty and residents, teaching can often seem under-appreciated," he said. "The Craver Teaching Excellence Award will help to continue the great tradition of teaching that has existed in the Department of Surgery since its inception."

The son of teachers, Dr. Craver received his bachelor's from Carolina in 1963 and his medical degree in 1967. Three of his former medical school professors exemplified the professional standards Dr. Craver hopes to reward.

"Dr. Earl Peacock was a renegade — an intense teacher who inspired students to work as hard as they could and then work some more," Dr. Craver said. "He said, 'You never want to have the door of opportunity in front of you close because of a lack of your personal effort.' "

Colin Thomas, MD, stressed the importance of understanding the patient's problem, mastering technical ability and providing compassionate care. Nathan Womack, MD, brought a high level of integrity, science and dedication to his role as a surgical teacher. "He was the senior guiding light," Dr. Craver said.

Now a faculty member in the Emory Clinic in Atlanta, Dr. Craver said he enjoys teaching every single day. More than 90 cardiac surgical fellows have mastered the art and science of their discipline under his tutelage. "When you teach a new surgeon, one who's going to go out and save thousands more people, that extends your life's work exponentially."

The Craver awards will add to that legacy.

"I have always revered my experience in medical school at Carolina," Dr. Craver said. "What I value most is the unselfish devotion of my teachers. This is a reward to recognize those professors who are dedicated to what's going on in the minds of their students."

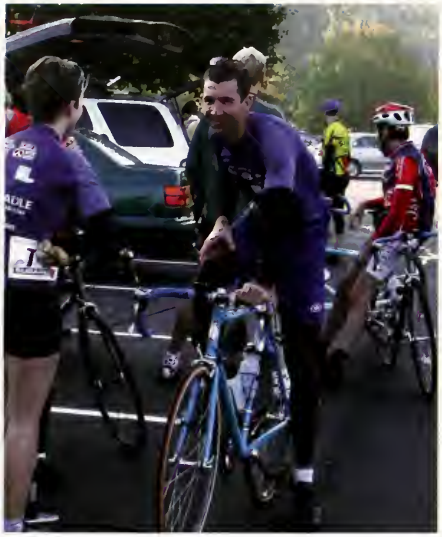
— Chrys Bullard

Otolaryngology/Head and Neck Surgery elects Board of Visitors officers

The Department of Otolaryngology/Head and Neck Surgery held its second board of visitors meeting on Oct. 17. Three officers were elected for 2003-04. Dr. David Garmise of New Bern and Lavern Oxendine of Lumberton will serve as co-chairs, and Jack Costello of Chapel Hill will be vice chair.

There are 23 members of the board of visitors, an unincorporated, voluntary service organization. Its mission is to assist the department in reducing ear, nose and throat disease in North Carolina and beyond. The board is composed of persons selected for their demonstrated leadership and personal interest in Otolaryngology/Head and Neck Surgery.

— Denise Bittner



200 cyclists participated in the Pedal for Pediatrics bike event raising $15,000.

First-ever Pedal for Pediatrics bike event raises $15,000

The first-ever Pedal for Pediatrics bike event, sponsored by Performance Subaru, was held Oct. 5 at the William and Ida Friday Center for Continuing Education in Chapel Hill. Nearly 200 riders embarked on either a 14-, 25- or 55-mile ride to support the N.C. Children's Hospital and Think First.

About 200 cyclists participated in the event, which raised $15,000 for children's programs at the Children's Hospital and for the local chapter of Think First, a national program designed to help children develop lifelong safety habits to minimize the risk of brain, spinal cord or other traumatic injury. Safe Communities/Safe Kids hosted several activities for children including bike obstacle courses and a bike rodeo.

Sharon Delaney from NBC 17 provided the official start of the ride as well as prior promotion of the event on air. WTVD and WB 22 followed up with stories during the day.

— Greg Holliday

Crumpton named president of Co-Founders' Club

UNC alum J. Slade Crumpton Sr. from Durham has been named president of the Co Founders' Club of The Medical Foundation on North Carolina, Inc. Membership to the Co-Founders' Club is extended to annual donors of $1,000 or more to any programs of the UNC School of Medicine or UNC Hospitals.

Crumpton and his wife, Shirley, first became members in 1975 and have supported a number of programs since, including the Excellence Fund, the UNC Lineberger Comprehensive Cancer Center and the Thurston Arthritis Research Center.

— Phifer Crute

Berryhill Society gathers

Charter Members of the Berryhill Society from the Class of 1966: (left to right) George Cox of Atlanta, Bob Sevier of Greensboro and Hugh "Chip" McAllister of Houston.

Dean Jeffrey Houpt offers a toast to Charter Members of the Berryhill Society, the recognition group for people who have included UNC Medicine in their estate plan. Charter Members were hosted at a dinner on Oct. 3 at the DuBose House in Chapel Hill. For more information about planned giving, call Jane McNeer at The Medical Foundation, (800) 962-2543.

from the president

Dear Alumni and Friends:

Twice each year we have an opportunity to go to Chapel Hill to recharge our batteries, see old friends and renew our ties to the School of Medicine. These occasions are the spring and fall alumni meetings.

I was pleased to see so many alumni make the trip to Chapel Hill for the 2003 fall meeting in October. The weekend began with an excellent CME program held at the Sheraton Hotel hosted by the Department of Neurology. They presented a number of cutting-edge developments in diagnosis and treatment that were of great value to our members.

A reception and banquet were held in the Kenan Center Friday evening to honor the student recipients of our Loyalty Fund Scholarships. Each year this event offers alumni and students a chance to meet and get to know one another better. The Office of Alumni Affairs has told me that the students routinely express their gratitude for the opportunity to thank those responsible for their scholarships.

I was fortunate to have Sachin Patel, a second-year student and scholarship recipient, seated at my table. Aside from being a bright student with outstanding potential as a physician, Sachin is a member of the Achordants, a superb male a cappella group that provided the evening's entertainment. They ended their program with the audience joining the group in singing *Happy Birthday* to Ian Byram, MS II, the Cobb Loyalty Fund Scholar. All of us in attendance truly appreciated having the opportunity to put a face and a heart to how our giving helps others.

A business meeting was held the following morning in the new Medical Biomolecular Research Building. Each time I return to Chapel Hill, I am amazed at the growth that has taken place at our facilities over the past few years. For the first time we now have one auditorium that seats 500 – enough to comfortably house our entire student body. Each seat is equipped with the latest electronic technology, including Internet connections.

The feature of this meeting was a presentation by James Anderson, PhD, MD, chair of the Department of Cell & Molecular Physiology. Discussions such as this make our alumni events more than a chance to just rub elbows with colleagues.

This was followed by a report on the status of our school by Jeffrey L. Houpt, MD, dean of the School of Medicine. Depending on the nationwide search for a new dean, this should be one of the last, if not the final, alumni meeting presided over by Dean Houpt. I believe I speak for the alumni as a whole when I say his development of the School of Medicine faculty, curriculum and facilities has taken our alma mater to a level few of us could have imagined. His leadership, vision and counsel will truly be missed.

The spring Medical Alumni Weekend will be April 16-18. I strongly encourage as many of you who can to do your best to attend this weekend. It serves as a retreat of sorts, a chance not only to catch up with old friends but also to become more involved in supporting the School of Medicine and the next generation of physicians.

Sincerely,

John W. Foust, MD '55

CME/Alumni Calendar

Jan. 27 – Greensboro
Dean's Reception for Guilford County

Feb. 3 – Raleigh
Dean's Reception for Wake County

Feb. 7 – Chapel Hill
Pain, Addiction and the Law

Feb. 13-14 – Chapel Hill
Multidisciplinary Advances in the Treatment of Genitourinary Cancers

Feb. 19-20 – Chapel Hill
Challenges in Geriatric Practice

Feb. 19 – Winston Salem
Dean's Reception for Forsyth County

Feb. 20 – Chapel Hill
Zollicoffer/Merrimon Lecture

Feb. 21 – Chapel Hill
Community Service Day

March 4-5 – Chapel Hill
Lipid Management

March 31- April 2 – Chapel Hill
28th Annual Internal Medicine Conference

April 16-18 – Chapel Hill
Spring Alumni Weekend

April 17-18 – Chapel Hill
Review and Update of GI and Liver Pathology for the Practicing Surgical Pathologist

April 30-May 2 – Chapel Hill
Update in Gastroenterology and Hepatology

May 5 – Chapel Hill
HIV Care 2004

June 5 – Chapel Hill
Medicolegal Seminar

June 10-11 – Chapel Hill
Lipid Management

June 17-20 – Amelia Island, Fla.
Carolina Refresher Lecture

July 15-18 – Amelia Island, Fla.
Heart Failure Management

For more information, go to
www.med.unc.edu/alumni and www.med.unc.edu/cme.

Estate Planning Notice

Many individuals would like to make a major gift to the UNC medical center, but cannot commit current assets for such a purpose. Through a will, however, anyone can make a more significant gift than they might ever have thought possible by designating a specific sum, a percentage, or the residue of their estate for the benefit of the medical center.

To provide a bequest, simply include a paragraph in your will naming The Medical Foundation of North Carolina, Inc. as a beneficiary. For example:

"I give, devise and bequeath (the sum of $_____) or (_____ % of my estate) or (the residue of my estate) to The Medical Foundation of North Carolina, Inc., a 501(C)(3) created to maintain funds for the UNC medical center with principal offices located at 880 Airport Road, Chapel Hill, North Carolina."

This language creates an unrestricted bequest for use by the medical center when and where the need is greatest, or you may specify that your gift be used for a particular purpose.

For further information on bequests, contact Jane McNeer at (919) 966-1201, (800) 962-2543, or jmcneer@email.unc.edu.

Nonprofit Organization
U.S. Postage
PAID
Chapel Hill, NC
Permit No. 24

PERIODICALS
HEALTH SCIENCES LIBRARY
CB 7585
CAROLINA CAMPUS 7585

■ The country doctor ■ Dance Marathon a huge success

Spring 2004

UNC Medical Bulletin

A publication for alumni and friends
of the University of North Carolina at Chapel Hill School of Medicine and UNC Health Care

UNIVERSITY OF NORTH CAROLINA
APR 9 2004
SCIENCES LIB

A man with a plan

Bill Roper quickly takes a team approach in planning the future of the School of Medicine and UNC Health Care.

Now what?

William L. Roper, front, with his new leadership: From left, Robert Golden, vice dean of the School of Medicine, Marschall Runge, president of UNC Physicians, and Gary Park, president of UNC Hospitals.

from the dean

Dear Alumni and Friends:

Most of you are aware that on March 15 I began my tenure as Dean of the UNC School of Medicine, Vice Chancellor for Medical Affairs, and CEO of the UNC Health Care System. I count it a high honor and real privilege to assume these positions of leadership and look forward to working with you.

It is a special treat succeeding my good friend, Jeff Houpt. Jeff and I both came here in the summer of 1997. Before that, we worked together in Atlanta, he as Dean of the Emory School of Medicine and I as Director of the Centers for Disease Control and Prevention. During our almost seven years as deans of UNC's schools of medicine and public health, Jeff and I have partnered in a growing list of programs and activities. I am convinced that our schools of medicine and public health have a deeper and stronger relationship than that enjoyed by any of our counterpart institutions around America, public or private.

The UNC School of Medicine and Health Care System have enjoyed substantial growth and achieved real excellence in a number of areas over the past several years. It is my happy task to take an institution now in very good condition and push to make it even better. The aspiration of faculty, staff and students is for Carolina to be among the top 10 academic medical centers in the nation, and I welcome the opportunity to lead that effort.

We have the basics in place for such a quest – a substantial number of new research buildings, new hospital facilities, the best and brightest in faculty, staff and students. However, it will not be easy to attain the "top 10" ranking, as our colleagues around the country have similar goals. We also face several daunting challenges. NIH funding, having grown rapidly in recent years, is projected to grow much more slowly in the future. Increasing patient care revenue will be significantly more difficult in our ever more competitive health care environment. And our state continues to have economic and budgetary problems.

I don't cite these matters to be downbeat, but to be realistic – that the way forward is not going to be easy. Rather than discouraging us, I hope this awareness will strengthen us for the challenge.

We have much to celebrate, not least of which is the tremendous dedicated service this institution receives from you, my colleagues. Carolina is a very special place. I know that you share that belief, and I promise you I'll strive for even greater success.

The best is yet to come.

Sincerely,

William L. Roper

William L. Roper, MD MPH
Dean, School of Medicine
Vice Chancellor for Medical Affairs
CEO, UNC Health Care System
The University of North Carolina at Chapel Hill

contents

COVER STORY
New leadership at School of Medicine and UNC Health Care . . . 2

FEATURES

One busy country doctor 8

She stars in the real ER 10

A full plate 13

Survivor donates heart attack-inspired artwork 14

Hospitals, School of Medicine expansion projects 16

DEPARTMENTS

From the Dean . . . . . Inside Front Cover

Alumni 15

Special Events 18

Research 20

Faculty 22

News 24

Development 30

From the President . . . . . Inside Back Cover

CME/Alumni Calendar . . . . . Back Cover

page 2

page 8

page 10

on the cover

A new day: William L. Roper, MD, MPH, front, now leads UNC Health Care and the School of Medicine. And he's got a new team to help him. What do they have planned?

(Cover photo by Brian Strickland)

The UNC Medical Bulletin is published four times annually by the UNC-Chapel Hill Medical Alumni Association, Chapel Hill, NC 27514. Postage is paid by the nonprofit association through U.S. Postal Permit No. 24. Address correspondence to the editor, Office of Public Affairs & Marketing, School of Medicine, CB#7600, University of North Carolina, Chapel Hill, NC 27514.

Medical Alumni Association Officers

President
John W. Foust, MD '55
Charlotte

President Elect
George W. Cox, MD '66
Atlanta, Ga.

Vice-President
William M. Herndon Jr., MD '81
Charlotte

Secretary/Treasurer
Theodore C. Kerner, MD '85
Lewisville

Editorial Staff

Karen McCall
Vice Pres. Public Affairs & Marketing

Lynn Wooten
Editor, Asst. Dir. Public Affairs & Marketing

Dick Broom, Bernadette Gillis, Tom Hughes, Leslie H. Lang, Tom Maltais and Rebekah Temple
Contributing Writers

Brian Strickland, Rebekah Temple and Brad Wilson
Photographers

Focusing the vision

Bill Roper takes the reins as dean, CEO and vice chancellor for medical affairs. What will it mean? What are his goals?

Strategic planning: From left, Gary Park, president of UNC Hospitals, Robert Golden, MD, vice dean, William L. Roper, MD, MPH, dean and UNC Health Care CEO, and Marschall Runge, MD, president of UNC Physicians, are busy discussing the future of the institution they now lead.

Photos by Brian Strickland

By Dick Broom

The new dean of the School of Medicine has one goal that encompasses all others: William L. Roper, MD, MPH, wants the school and its clinical partners to achieve top-10 standing in every national measure of excellence.

UNC placed 15th in primary care in the 2004 *U.S. News & World Report* rankings of "America's Best Graduate Schools." In medical research, UNC is tied for 21st with Northwestern University and the University of Chicago. In 2002, the most recent year for which figures have been reported, UNC ranked 14th in National Institutes of Health awards to medical schools, with $190 million in grants.

"Members of the search committee (for the new dean) and the faculty have told me they want to be seen as a top 10 academic medical center," Dr. Roper said. "I think we can get there, but it isn't going to be easy because everybody who is already in the top 10 desperately wants to stay there – and all of the others, like us, want to move up."

For the past six and a half years, Dr. Roper served as dean of the UNC School of Public Health, which, in the latest U.S. News rankings, is tied with Harvard University as the second best public health school in the country. Johns Hopkins is ranked first.

Achieving an even higher level of excellence in medicine doesn't mean simply working harder or running faster, because the faculty and staff are working very hard already," Dr. Roper said. "To move into the top 10, we need to look at how the various rankings are put together and then go about the process of having ourselves seen as truly excellent by the people who compile those rankings."

In pursuing greater national recognition, Dr. Roper said he is very mindful of the North Carolina state motto: "To be rather than to seem."

"We need to make sure that we really are what we represent ourselves to be," he said. "We have to be truly excellent in research, including clinical research, in patient care and in teaching students, housestaff and fellows.

Making the quest for top-10 status more difficult will be the scarcity of new dollars for scientific and clinical initiatives. Dr. Roper notes that the Medicare and Medicaid programs are "ever more tightfisted," and private insurers are, as always, looking to enhance their margins, so patient care revenue will be hard to come by. At the same time, the state, which has its own fiscal troubles, isn't likely to significantly increase its appropriations to the medical center. The School of Medicine, meanwhile, probably can't expect federal funding for research to grow at the same pace it has enjoyed in recent years.

Outgoing Dean Jeffrey L. Houpt, MD, with Park and Dean Roper.

In the closing days of his tenure, Dr. Houpt, right, joined Dr. Roper, left, at a number of events.

Part of the solution to these resource limitations, Dr. Roper believes, may be a much more ambitious program of fund raising.

"The one area in which we are not constrained is the opportunity to go to people who love Carolina and support our mission and to ask them to help us," he said.

Along with succeeding Jeffrey Houpt, MD, as dean of the School of Medicine, Dr. Roper has taken on the jobs of UNC vice chancellor for medical affairs and chief executive officer of UNC Health Care, which includes UNC Hospitals and Rex Healthcare in Raleigh. To help manage and coordinate these functions, he has created new executive positions and has begun filling them with proven leaders.

Robert Golden, MD, chair of the Department of Psychiatry, has taken on added duties in the new position of vice dean. He is responsible for all of the day-to-day activities of the medical school.

Marschall Runge, MD, PhD, chair of the Department of Medicine, is now providing overall clinical leadership in his expanded role as president of UNC Physicians.

William L. Roper, MD, MPH

William L. Roper was born July 6, 1948, in Birmingham, Ala. He received both his undergraduate and medical degrees from the University of Alabama and his master's degree in public health from the University of Alabama at Birmingham. He served his residency in pediatrics at the University of Colorado Medical Center. There, he met his wife, Maryann, a pediatric oncologist who is a former Deputy Director of the National Cancer Institute. Bill and Maryann have a 15-year-old son, Will.

Career track

- Health Officer, Jefferson County (Alabama) Department of Health (1977-83)
- Assistant State Health Officer, Alabama Department of Public Health (1981-83)
- White House Fellow (1982-83)
- Special Assistant to the President for Health Policy (1983-86)
- Administrator, Health Care Financing Administration (1986-89)
- Deputy Assistant to the President for Domestic Policy and Director, White House Office of Policy Development (1989-90)
- Director, Centers for Disease Control and Prevention (1990-93)
- President, Prudential Center for Health Care Research (1993-94)
- Senior Vice President, Prudential HealthCare (1994-97)
- Dean, UNC School of Public Health (1997-2004)
- Dean, UNC School of Medicine; UNC Vice Chancellor for Medical Affairs; CEO of UNC Health Care (as of March 15, 2004)

Dr. Roper will soon fill a third new position, that of chief financial officer for the entire academic, clinical and research enterprise.

"Having a CFO for everything will allow us to look to one person for a single set of numbers, so we can make the most appropriate financial and budget decisions," Dr. Roper said. "Since we can't do everything we might like to do, there will inevitably be difficult trade-offs."

Gary Park, president and CEO of Rex Healthcare for the past three years, has succeeded Eric Munson as president of UNC Hospitals. Munson will serve as a senior advisor to Park and Dr. Roper for the next two years.

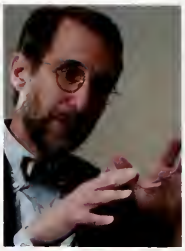
Dr. Roper brings to the School of Medicine and UNC Health Care a style of leadership that he describes as both consultative and decisive.

"I like to understand an issue clearly, consult with a lot of people inside the organization and, if appropriate, outside, and then make a decision and move on," he said. "Decisions rarely get better with age. Thinking and thinking about a problem and wishing it would go away usually only makes matters worse."

Dr. Roper said he does some of his best thinking during his early morning runs. A jogger for almost 30 years, he finds that running five miles is "a wonderful way to start the day." He reserves the rest of his personal time for his wife, Maryann, and their son, Will.

Dr. Roper said he sees his job as dean and CEO as creating a vision for the future, identifying and securing the resources needed to achieve the vision, and then rallying the troops to get it done. That has been his formula for effectiveness in all of his previous positions including director of the national Centers for Disease Control and Prevention (CDC).

Martha Katz, who served Dr. Roper as associate director for policy at the CDC, described him as "a terrific leader, a gifted administrator." Katz, who is now director of



health policy for the Healthcare Georgia Foundation, said Dr. Roper makes everyone who works with him feel appreciated and supported.

"As a consequence, people will take risks because they know he trusts them and will back them up," she said. "To me, that's a given for a great leader."

Glenn Hackbarth, another former deputy CDC director under Dr. Roper, said, "Bill's greatest strength is that he inspires trust. He has a wonderful way with people and brings out the best in them. When you're working with Bill, you really feel like part of a great collaborative process, formulating a vision and making it happen. It's a genuine team effort, as opposed to one person getting all the publicity and all the glory."

Hackbarth, who now chairs the federal Medicare Payment Advisory Commission (MedPAC), described Dr. Roper's temperament as calm, relaxed and low key.

Dr. Roper said that once people get to know him, they can usually predict how he is going to come down on a given issue.

Dr. Roper's time at the White House

Secretary of State Colin Powell was a White House Fellow. So were Secretary of Labor Elaine Chao and William L. Roper, MD, the new dean of the UNC School of Medicine and CEO of UNC Health Care.

Each year since President Lyndon Johnson created the White House Fellows program in 1964, a presidential commission has selected 15 of the nation's most outstanding emerging leaders to spend a year in Washington as special assistants to top government officials. (UNC President Emeritus William Friday was a member of the commission that selected the first class of White House Fellows.) White House Fellows have gone on to become corporate chief executives, university presidents, military leaders, diplomats and members of Congress.

In the 40 years since the program began, about 35,000 people have applied for White House Fellowships. Only 600 have been selected.

As a White House Fellow in 1982-83, Dr. Roper was the White House representative on the administration's health care task force. He worked with officials from the Office of Management and Budget, the Council of Economic Advisors, the Department of Health and Human Services and other agencies to develop a health care reform plan for President Ronald Reagan to present to Congress.

Dr. Roper, right, and wife Maryann, with former President Bush In Maine last July.

Courtesy of William L. Roper

Dr. Roper is one of eight former White House Fellows whose essays on their experiences was part of a 1995 book on the history of the fellowships.

"Although leadership was not new to me," he wrote, "seeing it on the national level powerfully reinforced the important lessons: to be effective, a leader needs good relationships, good people and sharp focus on a few clearly stated priorities.

"The opportunities I've had to contribute to the nation's health come directly from my year as a fellow, which enlarged my sense of what a leader can accomplish and my understanding of how to get things done."

"I try not to surprise people because I think that only produces wasted effort and friction," he said. "Maybe it's boring to be so predictable, but I see it as a way of creating a smooth-running organization in which we move forward together."

As the School of Medicine and UNC Health Care move forward – and upward – they are likely to benefit from their new leader's years of prominence on the national scene. UNC President Molly Broad and the UNC Board of Governors could not have selected anyone with more impressive credentials or connections. In addition to serving as director of the CDC, Dr. Roper has been a senior presidential advisor on health care policy, administrator of the Health Care Financing Administration, and senior vice president of Prudential HealthCare.

"I am very fortunate to have worked with people who are now in some pretty influential positions, and we have remained friends," Dr. Roper said. "Because of that, I believe I have entrée into all sorts of places that can be important to the future of the medical school and UNC Health Care. I plan to use that to the maximum to advance our cause."

Among those who admire Dr. Roper and the work he has done is Samuel Thier, MD, former president of the Institute of Medicine and of Brandeis University, Massachusetts General Hospital and Partners Healthcare Systems. Dr. Thier now chairs The Commonwealth Fund, a foundation that supports research on health and social issues. He has worked with Dr. Roper in various capacities since the mid-1980s and chaired the Director's Advisory Committee of the CDC when Dr. Roper was CDC director.

"Bill was a visionary leader who took an organization that was at risk of being marginalized and made it a very important part of the fight against disease," Dr. Thier said. "I think he is one of the best leaders the CDC has ever had. He did a remarkable job."

Describing Dr. Roper as "tremendously principled," Dr. Thier said, "He has a firm sense of his own values and of how things should be done, but he is always open to other views. He is a great listener."

Jeffrey Koplan, MD, a long-time friend and former colleague, said he has never known a better leader or manager than Dr. Roper.

"He is terrific at assimilating information and even better at coming to wise conclusions. Lots of people have intellect, but not everyone has the street smarts and true wisdom that he brings to a job. He gets things done, and he makes changes that bring about concrete improvements in institutions and in people's lives."

Alan Cross, MD, Mike Zollicoffer, MD, James Copeland and William Roper, MD, MPH, at the 2004 Zollicoffer Lecture.

Dr. Koplan was director of the National Center for Chronic Disease Prevention and Health Promotion when Dr. Roper was director of the CDC, and he later served as CDC director himself. He currently is vice president for academic health affairs at Emory University. He said Dr. Roper combines the attributes of a "hard-nosed manager" and a "kind and generous leader."

"Bill surrounds himself with good people, makes clear what he expects of them and then gives them a lot of room to get it done," Dr. Koplan said. "People enjoy working with him and for him. He takes his job very seriously, but can easily find humor in what's going on around him and in himself."

Although Dr. Roper is neither a native North Carolinian nor a UNC alumnus, he said he has always regarded the university as a very special place, and he understands why so many of its graduates "bleed Carolina blue in a way that is very profound."

"Growing up in Alabama, I knew of Chapel Hill's reputation across the country and, particularly, in the South," he said. "It is seen as the shining city on the hill where many sons and daughters of the South yearn to go for their education.

"Coming here to the School of Public Health nearly seven years ago was a wonderful opportunity. Now, to be crossing Columbia Street to have another amazing experience, heading the medical school and health care system, is just about more than anyone could ask for. I consider myself very fortunate."

One busy country doctor

Charles Boyette's efforts earn him national acclaim as a physician who really goes the extra mile

By Matt Ehlers
The News & Observer

In a waiting room stacked 15 deep with patients, the stories are piled much higher.

There's the one about the elderly woman distraught over the death of her cat. When Charles Boyette, MD '61, heard about it, he arranged for her to receive a kitten.

When a young mother arrived in his clinic towing children without shoes, Boyette paid for her to take a shopping trip.

And when Lou Skinner's husband was sick and couldn't work the tugboat anymore, Dr. Boyette looked the other way on a couple of bills. Her husband died in 1998, but Dr. Boyette's generosity has not been forgotten.

"There aren't a lot of doctors who would do that," Skinner said during a recent office visit. "It just meant the world to me."

In the little Beaufort County town of Belhaven, pop. 2,000-ish, Dr. Boyette isn't just the family doctor. He's a friend, a benefactor, a guy who knows whom to call to help you out of a jam. When he's not seeing patients, Dr. Boyette serves as mayor, taking a spot as the town's No. 1 booster.

Recognized for years by the community for his efforts, Dr. Boyette last year earned some national praise when he was named Country Doctor of the Year. The annual award is sponsored by Staff Care Inc., a Texas-based business that provides temporary physician services. For his prize, the company will provide Dr. Boyette with a physician so he can take a week off.

Photos courtesy of The News & Observer

Have bag, will travel: Dr. Boyettte has even seen patients at his home in Belhaven.

Dr. Boyette isn't the kind of person who takes a lot of vacations. It has been a few years since he took off for a whole week.

He doesn't have time. The practice, which is about 140 miles east of Raleigh, has 19,000 active clients. He's on staff at the local hospital. If there's a community or medical committee or board or foundation, he's probably on it.

On a recent Monday, the clinic had seen 56 patients by 10 a.m. The lobby constantly turned over with new people ready to see a doctor. At the end of the day, Dr. Boyette had a county commissioners meeting waiting for him, followed by a town council meeting.

For Dr. Boyette, 68, it's just another day in a long line of others just like it. It's a lot of work for a paycheck that, when compared to his city-based peers', comes up short.

"You can practice a million years and never make a lot of money," Dr. Boyette said of the career he has chosen. "But you can take a lot of pleasure in the relationships you make."

He has been in Belhaven 39 years and delivered more than 3,000 babies. Once, after he hurt his neck and placed himself in traction, he kept letting himself out so he could see patients. When Hurricane Isabel hit this year and forced the evacuation of the hospital, Dr. Boyette welcomed patients at his home.

A thoughtful man with silver hair cut in a style that tips off a military background – he was a flight surgeon at the U.S. Naval School of Aviation Medicine – Dr. Boyette is an organized, driven and energetic doctor.

He credits his Type A personality. "I've always had a high level of energy," he said during an afternoon visit in his office, its walls lined with congratulatory plaques from governors and legislators.

And his generosity with those who have less?

"All it takes is a ring of the phone and a signature on a check to take care of it," he said. "A little kindness to your fellow man never hurt anyone. It will be paid back 20 times."

In the spotlight: Dr. Boyette has been the mayor of Belhaven for three decades.

Expanded practice

When Dr. Boyette arrived in Belhaven, there was one other doctor in town. Now his practice has grown to include two other physicians, a physician's assistant and a family nurse practitioner. There are also two other clinics in town. He and his wife, from whom he is divorced, raised four children in Belhaven.

It's not a wealthy community. Dr. Boyette said 85 percent of his patients use Medicaid or Medicare, which reimburses 52 percent of the original charge. He figures he makes about half of what he could in Raleigh. And in a small-town setting, the work never stops.

"The man has basically been on call 24/7 since the day he's been in Belhaven," said lab manager Wanda Cutler, who has worked for Dr. Boyette for 32 years. "I don't think the population will let him retire. He'll be in demand as long as he's able to practice."

And the community appreciates him.

When the town hosts a get-together next week to celebrate his award, the ceremony will be held in the Charles O. Boyette Civic Center, which was named for him after he helped turn the old Army barracks into a gathering place.

Mr. Mayor

Trading his blue doctor's smock for a blue sport coat (both of which feature a lapel pin with the Belhaven city seal) Dr. Boyette hopped into his Ford Explorer after a full day at the clinic and headed to Washington for the county commissioners' meeting.

Along the way, he spoke of the civic projects he's helped along: a new water-treatment plant, a new library, the elevation or replacement of more than 350 homes endangered by flooding. A new post office is in the works.

Dr. Boyette always knew he wanted to be involved with the community. He has been mayor, more or less, for 30 years.

On this night, he was set to ask the commissioners for $54,000 to help with a waterfront project. The town is working to revamp the waterfront with condos, shops and a small marina. Dr. Boyette sees the project as a way to inject the local economy with jobs and investment.

After a few contentious minutes of debate with a couple of commissioners who weren't sold on the plan, the board voted to give Belhaven the money.

Then Dr. Boyette got on the road and drove back to Belhaven, grabbed a quick bite at the office and headed to the town council meeting.

The biggest problem there was how to get everyone's hands on the Bible at the same time for the swearing-in ceremony of the newly re-elected officials. After that, it was just routine business; the meeting was over in less than an hour. Like most days, Dr. Boyette didn't get home till after 8 p.m.

For a guy whose summer home is only a couple of miles from his primary one, accepting a prize like the vacation he'll receive for country doctor of the year might seem like a stretch.

But Dr. Boyette – even though he hasn't yet decided how he'll spend it – said he's going to take the time off.

"I would be hard-put upon if I did not accept that very gracious offer," he said. "I feel very confident that I could find something to do."

He always does.

Reprinted by permission of The News & Observer *of Raleigh, N.C.*

She stars in the **real ER**

Judith Tintinalli's book – 'the bible of emergency medicine' – is a valuable source for a TV show and in hospitals nationwide

Photo courtesy of The News & Observer

By Trish Wilson
The News & Observer

The man in the hospital bed is clearly in pain, curled up on his side, his wife sitting anxiously beside him. Outside the emergency room bay, Judith Tintinalli, MD, is listening as a resident tells her that the man is on dialysis. He has been vomiting since the day before.

"Does he have prior abdominal surgery?" asks Dr. Tintinalli, the attending physician who will be in charge of five medical students and residents in training today.

The resident looks at her. She forgot to ask. She nods, and without changing tone, she says, "Never let a patient present to me without knowing past abdominal history. Never again."

The moment passes. The women move on to try to unravel the mystery of the patient's ailments. No room for hurt feelings. This, after all, is an emergency department. The key to the on-the-job learning that occurs here is absolute clarity. And though it is not a pleasant moment for the resident, she can take comfort from learning at the elbow of a woman who has helped pioneer the teaching of emergency medicine.

Dr. Tintinalli built and runs the emergency department at UNC Hospitals. She has transformed it from a handful of emergency rooms 12 years ago into a department big enough to treat 75 people at a time.

Her renown, though, comes from a 10-pound reference book that can be found in virtually every emergency room in the nation, and in many parts of the world. She is editor in chief of *Emergency Medicine: A Comprehensive Study Guide* – more commonly known in the trade as "the Tintinalli."

The 2,043-page tome is so common to emergency rooms that it has been mentioned on the popular TV drama "ER" several times and is used by the scriptwriters. Late last year, as a kind of tongue-in-cheek honor, Dr. Tintinalli and her husband flew to Los Angeles where she was filmed as an extra (playing an emergency room doctor) for the show.

"It was soooo cool," says the doctor, whose unlined face belies her 60 years. She has slung her stethoscope around her neck and pulled the requisite white coat over a white shirt and olive trousers. The only sign that there is something quirky about this physician would be her socks. They are a bright orange.

She likes "ER," though she isn't a weekly viewer. She thinks that when it first began it helped popularize emergency medicine and inspired many to go into the specialty – which was recognized by the American Medical Association only in 1979.

Dr. Tintinalli's career has paralleled the growth of the field. When she was in med school in the 1960s, there was no such thing as emergency medicine. "If you went to the ER with chest pain, you might have a dermatologist taking care of you." And medical students? They did their work unsupervised.

"Nobody told me what to do. What was right or what was wrong,"' she says. "Scary, huh?"

Back at UNC's ER, Dr. Tintinalli, or "Dr. T." as they call her, turns her attention to a fourth-year med student. Paula Sherman is specializing in psychiatry, training in emergency medicine as an elective. It's her second week.

The patient is a 32-year-old Honduran man who speaks no English. He was in a car accident the previous day; the car was totaled. He has excruciating chest pain. He told the interpreter that this is his first time in a hospi-

JUDITH TINTINALLI, MD

BORN: March 6, 1943, in Detroit
EDUCATION: Wayne State University School of Medicine, 1969, University of Michigan, master of science in biostatistics and clinical research design, 1991
JOB: Professor and chairman, Department of Emergency Medicine, UNC-Chapel Hill
FAMILY: Married to Burton Fox, a computer consultant. Together they have five adult children – three in Detroit, one in Chapel Hill and one in Delray Beach, Fla.
HOBBIES: Plays piano "quite well." Learning the bandurria, a Spanish 12-string instrument that's a cross between a mandolin and a guitar. An intermediate windsurfer. Snow skis black diamond (expert) slopes.
QUOTABLE: Tells students in class, "Look to your left. Look to your right. One out of the three of you will visit an emergency room this year."

tal, Sherman says. He's a painter who lives in Durham with his wife and two children.

Dr. T's eyes widen under straight sandy bangs. "Great! It's essential to know who your patients are. This guy is unlikely to take a day off from work to come here for something trivial." The professor smiles and nods approvingly. She walks into the examining room where Carlos Menjivar is sitting up in his hospital bed. She touches his neck. "¿Dolor aqu'?" — Pain here? she asks.

He tells her through an interpreter that the pain is stronger across his chest. When she has finished her exam, she turns to Sherman to specify the X-rays. "You're going to order a sternal view – put down, 'Rule out fractured sternum,' " the professor says. The doctor and the student agree on two milligrams of morphine, and Dr. Tintinalli is gone to check on the next one.

A stern passion

Cherri Hobgood, MD, director of education in the Department of Emergency Medicine at UNC, remembers thinking as a student in the early 1990s that Dr. Tintinalli was kind of scary.

"I think Judy can be very fierce, if need be, but all that is tempered with a passion for the specialty and the goal that she's trying to achieve,"' says Dr. Hobgood, who doesn't do a shift without referring to the Tintinalli sitting on the shelf at the nurse's station.

In the ER, Dr. Tintinalli's known as a ball of fire, or "the bomb." Juggling more than a dozen patients, Dr. Tintinalli sits down only briefly during her eight-hour shift for lunch she brought from home and to dictate each case so it can be transcribed into the electronic record.

She orders a full CT (computerized tomography) scan for the man with abdominal pain. She listens, wincing, to a report about a woman whose breast implant was infected. There"s the young man who scratched his eye doing yardwork; he'll recover in two days. A woman with a severe headache who might have meningitis; she doesn't. A smoker in his 40s with pneumonia; he'll be admitted.

There's a man wandering around talking about drug dealers who are after him. He'll be going to John Umstead Hospital, a psychiatric facility in Butner, if anyone ever arrives to pick him up. He was here when Dr. Tintinalli's shift started at 10 a.m and will still be here when her shift ends.

Stepping into a role

What struck Dr. Tintinalli about the "ER" set in Los Angeles was that it looked like a real ER right out of 1970. She thought she'd stepped into a time warp. Emergency departments are much roomier now.

Back then, with exactly one year's experience interning at Detroit General Hospital, Dr. Tintinalli was tapped to teach others. In 1974, two years after giving birth to her third child, she was hired as an instructor at Wayne State University School of Medicine and told to develop an emergency medicine residency program — the first of three residency programs she would build. Soon after, a group of physicians began to design the test they would use to certify ER doctors.

"Everybody said, 'Well, uh, what do we tell people to study for this examination?'" Dr. Tintinalli says, and so she became editor of the guide. The sixth edition, with more than 300 contributing authors, was published in October and sells for $175.

"It's the bible of emergency medicine," says Eugenia Smith, MD, who heaves a copy of the book onto a counter at the ER and pats it affectionately. "The bible."

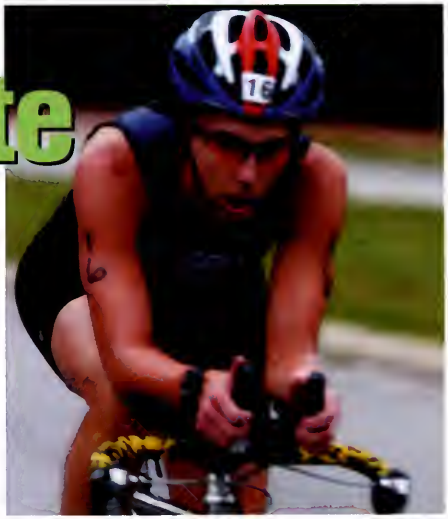
Which is why it's always on the set of "ER," says Joe Sachs, supervising producer of the show and clinical faculty member at the UCLA School of Medicine. In fact, it will be easier for "ER" viewers to see Tintinalli the book than Dr. Tintinalli the woman.

"Friends and family are going to need to tape or TiVo the episode so they can freeze-frame the one or two seconds she's on the screen," Sachs said with a laugh. "But it was a kick to have her there."

This story ran in The News & Observer's *regular Sunday feature, "Tar Heel of the Week." Reprinted by permission of* The News & Observer *of Raleigh, N.C.*

A full plate

Medical student juggles studies with triathlons



Anna Frick

By Elena Johnson

Balancing life as a medical student is a challenge—but what about life as a medical student and triathlete? Just ask Anna Frick, daughter of Donna Elliott Frick, MD '74, and John Frick, DDS '73. Anna is a fourth-year student at the School of Medicine, as well as an award-winning triathlete. However, she is not overwhelmed and said, "Triathlons give me a sense of balance in my life. I love medicine, but I also need a personal outlet — time for myself and my own interests." In her spare time, Frick co-chaired her fourth-year Loyalty Fund campaign.

The Chapel Hill native's interest in triathlons started in junior high when she watched the Ironman World Championships on television. She started running in seventh grade, and in high school joined the swim team in anticipation of doing triathlons.

Then in 1994, following her high school graduation, Frick competed in her first triathlon, the Triangle Triathlon. She was physically fit and well trained for the race, but did not replenish any fluids and had a heat stroke.

"I finished, but when I regained consciousness hours later in the ICU, I immediately promised myself I would never race again," Frick said. Instead she spent four years on the crew team at Brown University. Then in her second year as a medical student, Frick decided to get involved with triathlon again.

Now her career is thriving.

In 2002, Frick was ranked first overall for her age group in the North Carolina Triathlon Series, and was named USA Triathlon All American. Last fall she competed in the USA Triathlon Age Group National Championships and qualified for the World Championships, which will take place in Portugal this May.

> Training makes me a better student — it makes me use my time more efficiently, relieves stress and makes me feel both mentally and physically fit.
>
> **Anna Elliott Frick**

Training is a priority for Frick, even though she does admit that sometimes it gets pushed aside because of school and other commitments. Yet she still tries to give it precedence in her busy schedule. "Training makes me a better student — it makes me use my time more efficiently, relieves stress and makes me feel both mentally and physically fit," she said.

Frick said she owes a lot of her ability to balance school and training to her coach, Dave Williams, a local triathlete. He gives her an efficient, high yield-training schedule each week. They communicate frequently in order to adjust her training schedule according to her workload and other commitments. She describes Williams as "laid back — the yin to my intermittently type A yang."

While Frick claims swimming is her biggest weakness, she genuinely loves to swim, bike and run and does not have a favorite leg of the race. She is motivated by the endorphin high and personal satisfaction of great races and workouts, and says her favorite part of triathlon is the friends she has made through the sport.

Well-rounded may be the perfect word to describe Frick. She is passionate about medicine and triathlons and feels very lucky to have them both in her life. "I feel incredibly fortunate for the opportunities I have had as a student and athlete at the UNC School of Medicine," said Frick. "Having the time, energy and resources for triathlon has been a blessing."

Survivor donates heart attack-inspired artwork to UNC Heart Center to promote women's heart health

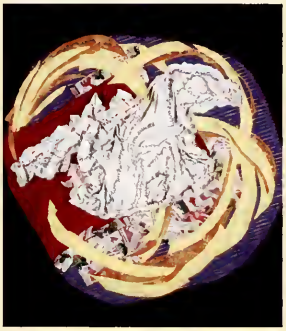
By Tom Hughes

When Alice Engel Levinson suffered a heart attack during a ski trip in Colorado, a nurse used an enormous pair of shears to cut off the T-shirt she was wearing.

"But this is my favorite T-shirt," Levinson recalls protesting at the time.

"It's your T-shirt or your life," the nurse responded.

Many months later, after the Hillsborough-based artist had returned home, Levinson used that same sliced-up, gray T-shirt as the foundation for a striking work of fiber art. She attached the T-shirt to a 54-square-inch canvas and embroidered into it thoughts and feelings that raced through her mind during her heart attack experience. The piece, titled "Call 9-1-1," also incorporates pieces of brightly colored fabric and a montage of news media articles about heart disease in women.



"Call 9-1-1"

Levinson said the work in part reflects her own heart attack experience. It is also intended, she said, "to let women know that they're vulnerable, too, and they need to take care of themselves."

On Feb. 6, Levinson donated this work of art to the UNC Heart Center to help observe National Wear Red Day, an event aimed at raising awareness among women and health care providers that heart disease is women's No. 1 health threat. More women die from heart disease than from any other illness. In fact, six times as many women die from heart attacks each year than from breast cancer, according to the National Coalition for Women with Heart Disease. Yet many women are not aware of this fact and thus do not take the appropriate steps to reduce their risk factors.

"Ms. Levinson's story is unfortunately very typical of women who are struck by heart disease," said Paula Miller, MD, director of the Woman's Heart Program at the UNC Heart Center.

"Even though cardiovascular disease is perceived to be a 'man's' disease, more women die each year from this cause than men," Dr. Miller said. "In 2002, approximately 600,000 women died of cardiovascular disease compared to 450,000 men."

Magnus Ohman, MD, chief of UNC's Division of Cardiology and director of the UNC Heart Center, said, "We are most appreciative of this donation to the UNC Heart Center by Ms. Levinson. We hope this will remind us all that women suffer from heart disease. We in the UNC Heart Center Woman's Heart Program focus on awareness and prevention to rectify this serious medical problem."

Levinson said that before she had a heart attack, she was not aware that it could happen to a woman her age — she was 57 at the time — who was active, physically fit and had none of classic risk factors for heart disease. In her 25 years as a clinical psychologist in Chapel Hill, she worked with many women who had suffered heart attacks, but they were all considerably older. So if it could happen to her, Levinson said, it could happen to anyone at any time.

"This is the story of a moment," she said of "Call 9-1-1." "The whole point is, you're fine, and then, bingo, you're not."

For one of her art exhibitions, Levinson provided the following explanation of the piece.

"This work recounts a specific event. It is a visual representation of experiencing a heart attack from onset to safety. The focal image is the remnant of the shirt worn that day as shorn by emergency room staff. It is embroidered with a chronicle of the thoughts and perceptions of the interval from first symptom until safety was reached. Medical research indicates that women, as a group, tend to underrespond to signs of their own catastrophic disease, particularly heart disease. The message: If you think you need help, you do. Call 911."

Levinson said she was surprised by how the nurses in Colorado kept emphasizing to her that she must keep up with her follow-up care after returning home. When she questioned the nurses on this issue, they said that the women they've cared for who had heart attacks tended to be less attentive than men to their follow-up care. One possible explanation for this is that since women are the primary caregivers in most families, they push their husbands to show up for doctor's appointments but don't always devote the same level of care to themselves.

Thousands of women and men observe National Wear Red Day by wearing a favorite red dress, shirt or tie. The event is part of a larger women's health awareness campaign called The Heart Truth, which is sponsored by the National Heart, Lung and Blood Institute. The Heart Truth has chosen the red dress as the national symbol for women's heart health awareness. It also sells a red dress pin intended to remind women of The Heart Truth message: "Heart disease doesn't care what you wear. It's the No. 1 killer of women."

UNC employees were encouraged by the Women's Health Information Center at the N.C. Women's Hospital and the UNC Heart Center to wear red for National Wear Red Day. In addition, red dresses on mannequins were displayed in the Women's Hospital lobby and at the UNC Heart Center at Meadowmont, along with a poster explaining women's risk of heart attack.

40s

Robert Cline, MD '57, was named *The Sanford Herald*'s 2003 Citizen of the Year. Dr. Cline received the award for his service to the town of Sanford and beyond. Among his many contributions, Dr. Cline traveled to Ecuador and Jamaica for medical missions and worked with the Lee County Health Department to ensure children have their required immunizations.

60s

In December, **William Thornton, MD '63**, was presented with the North Carolina Award, the highest civilian honor the state bestows. Dr. Thornton received the award for his contributions to space medicine. Over his career with NASA, Dr. Thornton logged nearly 3,000 hours of pilot time. Dr. Thornton lives in Fair Oaks Ranch, Texas, with his wife, Jennifer.

Nelson B. Watts, MD '69, was awarded the Dr. Paul D. Miller International Society for Clinical Densitometry Service Award for his work as the ISCD president from 2001 to 2003. Among his many accomplishments as president, Dr. Watts presided over an expansion of educational activities and certification in bone densitometry and directed the first ISCD Position Development Conference to establish standards in the field.

70s

Carol A. Aschenbrener, MD '71, joined the Association of American Medical Colleges as the vice president of the Division of Medical School Standards and Assessments and co-secretary of the Liaison Committee on Medical Education.

80s

Margaret Noel, MD '83, received the Ewald W. Busse Award from the N.C. Division of Aging at the 2003 North Carolina Conference on Aging. Dr. Noel was recognized for her leadership and dedication in serving older adults with memory loss and their caregivers.

Melinda Hill Privette, MD '87, recently graduated from a psychiatry residency at the University of Pennsylvania. Dr. Privette and her husband live in Villanova, Pa., with their four children.

Deaths

Landis P. Mitchell, CMED '36, died in November. Dr. Mitchell lived in Spindale, N.C., and his specialty was general medicine.

I. Woodall Rose Jr., CMED '42, died in December. Dr. Rose lived in Rocky Mount, and his specialty was general surgery.

Herbert W. Park, CMED '43, died in January. Dr. Park lived in Richmond, Va., and his specialty was preventive medicine.

John H. Reed, CMED '43, died in January. Dr. Reed lived in Gainesville, Ga., and his specialty was ophthalmology.

T. Lane Stokes, CMED '45, died in November. Dr. Stokes lived in Norfolk, Va., and his specialty was general surgery.

William W. Forrest, CMED '46, died in February. Dr. Forrest lived in Greensboro, and his specialty was pathology.

James F. Morris, CMED '50, died in December. Dr. Morris lived in Goldsboro, and his specialty was pediatrics.

D. Hilton Seals, CMED '51, died in November. Dr. Seals lived in Whittier, N.C., and his specialty was internal medicine.

Samuel Joyner, MD '55, died in January. Dr. Joyner lived in Greensboro, and his specialty was internal medicine.

Alexander G. Webb, MD '55, died January. Dr. Webb lived in Eagan, Minn., and his specialty was general medicine.

William L. Owens, MD '61, died in January. Dr. Owens lived in Clinton, and his specialty was internal medicine.

Ronald F. Joyner, MD '68, died in January. Dr. Joyner lived in Greensboro, and his specialty was family medicine.

David L. Coppedge, MD '74, died in January. Dr. Coppedge lived in Braintree, Mass., and his specialty was obstetrics and gynecology.

Samuel H. Rakestraw, MD '76, died in January. Dr. Rakestraw lived in Tyrone, Ga., and his specialty was family medicine.

Nancy L. Wood, MD '92, died in November. Dr. Wood lived in Bloomfield, Conn., and her specialty was pediatrics.

Two graduates are stepping their way into doctors' offices with high-tech charts

Two recent UNC School of Medicine graduates are hoping that the high-tech medical record-keeping system they developed will become as commonplace as the stethoscope. In fact, Joseph Hummel, MD '02, will be traveling to Washington later this month to convince policymakers that his system can streamline medical documentation in the office and save lives in the field.

HUMMEL

Their system, called *ProgressNote*, "can greatly increase the efficiency of doctor-patient interviews," Dr. Hummel said. What began as a way for Dr. Hummel, a family practice resident at a Mayo Clinic program, and Joshua Landau, MD '02, an orthopedic resident in San Francisco, to make their lives easier has evolved into a full-time business. Dr. Hummel, a former Tar Heel wrestler who was awarded the ACC Scholar Athlete Award in 1998, and Dr. Landau, a former NCAA national champion gymnast for the University of California at Berkeley and UNC cheerleader, began the project while they were in medical school.

LANDAU

They saw there was a nationwide market for their system, and they incorporated their business, *NorthBase Inc.*, in June 2002. Last year, *NorthBase* sought the expertise of Wall Street veteran Paul Hemminger to run the operations and to add some "gray-hairs" to the growing business.

"There is no other product out there today that pulls together all the pieces we have, including the ability to customize the system for each practice setting," said Hemminger, the COO of NorthBase and former New York investment banking executive.

"*ProgressNote* can make doctors and their offices more efficient, more organized and more patient-friendly. A patient's entire medical history can be digitally stored and accessed in seconds, including X-rays, old records, digital photos and medications," Dr. Landau said.Hospitals, academic medical centers and private practices have taken notice of this new and exciting company.

Somehow, between both Drs. Hummel's and Landau's full-time jobs as residents, they manage to fly across the country to present their software and manage a growing team of consultants and programmers.

With Dr. Hummel and his wife in the Midwest, Dr. Landau in San Francisco, a partner in Bermuda and a team of NorthBase employees in the Triangle, their endurance training as former collegiate athletes and excellent medical school training is paying off.

NorthBase can be found online at www.northbase.com.

Hospitals, School of Medicine
expansion projects reflect progress

Photo by Brian Strickland

Construction workers discuss renovation plans for the School of Medicine Building, which will have the dean's office.

By Bernadette Gillis

Anyone who has taken a stroll through the UNC campus lately will notice that the face of the entire university is changing rapidly. UNC Hospitals and the School of Medicine have not been excluded from this explosion of growth. In the hopes of improving scientific research and patient care, both the hospitals and the medical school are experiencing their fair share of expansion.

UNC Hospitals is making many improvements to its facilities. One major project that may be underway soon is the building of a new N.C. Clinical Cancer Center. Currently the center is located in the Gravely Building, which originally opened in 1953 as a tuberculosis sanitarium. The current building has become inadequate to meet the needs of patients.

"UNC has had a growing cancer program in place for some time," said Mary Beck, Senior Vice President of Planning and Program Development. "The facilities for this program have reached capacity. It's difficult to expand clinical programs to meet an increasing need for cancer care without expanding facilities."

The number of new cancer cases diagnosed is expected to increase dramatically over the next few decades in part because of aging baby boomers. The new facility would help UNC physicians prepare for the increased demand for cancer care. "With the aging of the population, we have to be prepared to care for a large number of citizens from across the state," Beck said.

Construction of the new building is dependent on whether the hospitals receive funding from the state of North Carolina. However, UNC Hospitals has proceeded with the planning process in the mean time, Beck said.

The new 420,000-square-foot building will house the clinical programs that are currently in the Gravely Building and will include inpatient beds as well. A cancer center physicians office building will be incorporated into the project, allowing for better collaboration among physicians treating cancer patients. "Physicians who treat cancer patients are scattered all over the campus now," said Richard Goldberg, MD, chief of Hematology/Oncology. "Being housed near one another will encourage interaction among physicians leading to better care and better research."

The new center will have an impact on patients as well. "Right now patients are crowded. We hope to create an atmosphere that makes being treated for cancer better."

Even those who are never cared for at the cancer center may reap the benefits of research. Dr. Goldberg said, "We plan to build a cancer research center within the center to make new drugs available for patients all across the state."

Beck added, "To bring the latest advances to cancer patients is the core of what we're trying to do."

UNC Hospitals also has plans in the works for two separate renovation projects for the children's heart program. One project is a 5,450-square-foot diagnostic clinic for children with heart problems. Preliminary work on the $945,000 project has already begun. The other project is a pediatric cardiac catheterization laboratory, the medical center's first. The 2,726-square-foot cardiac catheterization laboratory will be up for bid later this year. The renovations are needed because of growth in the number of children's heart procedures performed at UNC Hospitals.

Hoping that top-notch facilities will attract top-notch scientists and clinicians, the School of Medicine also has taken on several construction projects.

Many major projects have already been completed. The Bioinformatics Building, which houses the Bioinformatics Center, opened in late 2002. The Medical

Biomolecular Research Building opened as planned in spring 2003. This building houses the Department of Genetics, the Department of Cell and Molecular Physiology and part of the Department of Cell and Developmental Biology.

As for current projects, construction of the Genetic Medicine Building began late last year and will be completed in early 2007. Recently a few design changes were made to the building, which will house the departments of Genetics, Biochemistry and Pharmacology.

"The building was originally going to be five floors, but was increased to seven floors," said Bob Marriott, associate dean of Resource Analysis Planning & Management. "We added additional space for the School of Pharmacy." The cost of project is now $110 million, up from $77 million.

A new project for the School of Medicine is the renovation of the Glaxo/Molecular Biology Research Building, located on the corner of Columbia Street and Mason Farm Road. Renovation of this building, which houses molecular biology research labs, will cost $2 million.

"It is being renovated because the building has no sprinklers, no emergency generator and the roof leaks," Marriott said.

The renovation includes a new roof, fire protection system and an emergency generator. The fire protection system is a combination of a new alarm system and sprinklers. The building is expected to be completed by March 2005.

Despite experiencing a small construction fire in early February, renovation of the Burnett-Womack Building remains on schedule. Once the building reopens in 2005, it will house administrative offices and laboratories for the departments of Medicine, Surgery and Pediatrics. The School of Medicine is seeking additional funding for the $31 million renovation project. "We put in for an NIH grant for Burnett-Womack," Marriott said. "It would be a chance to add $2.6 million, allowing us to use local funds somewhere else."

Several renovation projects are going on at other School of Medicine facilities. Marriott added, "80 other renovation projects are going on. Some of the projects include renovation of the Thurston Arthritis Center located in the Thurston-Bowles Building and consolidation of the orthopaedic clinics in the Ambulatory Care Center."

New kitchen to provide better service

When N.C. Memorial Hospital first began treating patients in 1952, the hospital kitchen also began serving its first meals to patients. Today workers in UNC Hospitals' kitchen are providing three times as many meals as they were 50 years ago in the same amount of space. However, all that will change early this summer with the opening of a newly renovated kitchen.

The new, modern kitchen will allow for a better work area for Nutrition and Food Services employees, who provide more than half a million meals a year for patients, said Bill Notte, director of Nutrition and Food Services. "The kitchen will be bright and have more open areas. It's an improved work area with new equipment and proper storage."

The improved working space will allow for better efficiency. With storage space balanced throughout the kitchen, cooks will have quicker access to food and supplies.

During the renovations a tray line, where trays are assembled for patients, was set up in a temporary location. Also, workers began using the kitchen in the Grapevine cafeteria, located in the Brinkhous-Bullitt Building to prepare food for patients. Once the renovations are complete, everything will be housed in the new kitchen.

Most foods will be cooked to order, meaning instead of being cooked in one location and then moved to another for holding, food can be cooked right when needed. "We'll be going from a picnic approach to a home cooking approach," said Mike Eland, business manager of Nutrition and Food Services.

The new kitchen will also have more emergency power equipment than the old one. "The new kitchen will improve our ability to deliver sustained service," Eland said.

Employee safety also was taken into consideration when designing the new kitchen. "We're adding an eye wash station, which the kitchen didn't have before," Eland said. "We're not just concerned with improving technology, we're also concerned with improving safety for our employees."

Although employees will benefit from the renovated kitchen, patients will benefit the most. Many of the changes were made ultimately to improve service to patients. Eland said, "We're taking something that was 50 years old and coming up with a current approach to doing business better."

special EVENTS

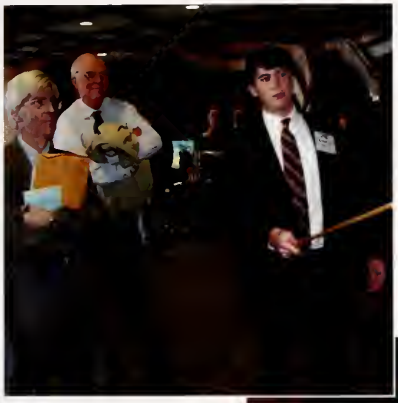
DEAN'S RECEPTION

1. *Cindy Chambers Park, Marlene Daugherty and Dick Daugherty at the dean's reception in Wake County.*
2. *James Copeland, right, greets Shep McKenzie '74, left, Diane Davidson, Joe Archie '68, Varton Davidson '67 and Sarah Ellen Archie.*
3. *Wake County alumni and friends meet the next dean at a reception at the N.C. Museum of Art.*
4. *Robert Brame '55, Sachin Patel MSII, Nancy Brame, Prethi Venepalli MSII and Harold Pollard '74 at the Forsyth County dean's reception.*
5. *William Roper with Loyalty Fund scholars and supporters at the N.C. Museum of Art.*

Stephen Dresnick, MD, president and CEO of Sterling Healthcare, spoke to emergency medicine residents and faculty in January. He is funding an endorsement professorship for the department's chair, Dr. Judith Tintinalli, pictured.

Carolina Hurricane's hockey players recently made their annual visit to patients in the N.C. Children's Hospital.

Walter and Earlene Ward of Asheboro, met the UNC mascot at the 2004 Lineberger Club lunch and winning basketball game against UConn. This year's event was attended by more than 200 loyal supporters of the UNC Lineberger Comprehensive Cancer Center. Lineberger is the only public comprehensive cancer center for the people and state of North Carolina.



Zollicoffer Lecture
James W. Collins Jr, MD, MPH, medical director of the Neonatal Intensive Care Unit and associate director of the Pediatric Residency Training Program at Chicago's Children's Memorial Hospital, gave this year's presentation.

COMMUNITY SERVICE DAY

The School of Medicine held its annual Community Service Day Feb. 21. Above, Ian Byram MSII, a Loyalty Fund Cobb Scholar presents his community service project.

UNC study may improve gene therapy safety

New research from UNC may hold keys to improving the safety of human gene therapy.

The study showed that the messenger can be as important as the message: Viruses genetically engineered for use as delivery vehicles for transferring therapeutic genes into the body may alone influence gene expression, or which genes are turned on.

Moreover, depending on the type of virus, they may do so in potentially harmful ways.

"This basically tells us that the messenger plays an important role in gene expression," said study co-author Richard J. Samulski, PhD, professor of pharmacology and director of UNC's Gene Therapy Center. "At the molecular level, a cascade of cell signaling events occurs irrespective of the therapeutic gene. This is something we didn't anticipate."

The report appeared in the March issue of *Molecular Therapy*, the American Society of Gene Therapy's journal.

The study focused on two viruses: adenovirus and adeno-associated virus, or AAV. These viruses, when genetically engineered, have shown particular promise in laboratory studies as gene transfer vectors and have been used in more than 170 clinical trials.

Dr. Samulski and UNC co-author Dr. Jackie L. Stilwell, a postdoctoral researcher, reported there has been significant progress in understanding how viral gene therapy vectors behave in laboratory animals, in terms of acute toxicity effects.

However, they wrote, "systematic comparison of their effects upon cells at the molecular level has not been established." In that regard, the new research offers important new and potentially useful information for predicting the safety of gene delivery in people.

"The field has advanced so rapidly that we can now do toxicity profiles inside an individual cell," Dr. Samulski said. "And basically what we're doing here is asking what happens to the genome if a vector or virus comes into the cell."

In their experiments on cultured lung cells, Drs. Samulski and Stilwell used DNA microarray technology to examine gene expression. This technology can monitor the whole genome on a single silicon chip, giving researchers a better picture of the interactions among thousands of genes simultaneously by displaying patterns of gene expression.

Exposure to AAV either as an intact virus or as a recombinant vector shell affected gene expression minimally and in patterns not associated with potential harm to the host organism, the report said. In addition, exposure to the empty capsid of AAV — the protein coat of the virus devoid of DNA — also produced minimal response from the genes. For example, only 1.9 percent of genes showed changes in expression in cells infected by recombinant AAV.

In contrast, gene expression after exposure to intact adenovirus and recombinant adenovirus vector was much broader and included the activation of immune and stress response genes. Lung cells exposed to empty adenovirus capsid showed a decrease in changes in cellular gene expression, although some were related to stress response genes.

This study provides a systematic explanation for the relative safety profiles of two commonly used gene therapy vector classes, Dr. Samulski said.

"The take-home message here is we can now monitor the genes that get turned on when you put a vector on the cell," he said. "We can then make changes to the vectors and observe how their safety profiles improve prior to their use clinically."

"As we make architectural changes to the delivery system, we can see the cell's response to it," Dr. Stilwell added. "The study represents the start of a useful database of gene expression signatures for people involved in vector development."

The next step for the UNC researchers is to continue exploring the vector-associated gene expression signatures in other cell types and to extend the work to whole animals.

"I think everybody involved in designing vectors will continue to build on this database," Dr. Samulski said. "We're laying the foundation here for that to happen."

Dr. Samulski, a pioneer in AAV research, said the new study further confirms his choice to study and develop altered AAV for gene therapy. Along with its potential for fewer toxic effects than that of many other viruses studied for use in gene therapy, a gene delivered via AAV remains active in cells for months or even years, he added.

Last year, a form of gene therapy created and developed in Dr. Samulski's laboratory and based on AAV was approved by the U.S. Food and Drug Administration and given to children with Canavan dis-

ease, a rare, inherited neurological disorder. It marked the first FDA approval for clinical use of an AAV vector for gene therapy that was produced by a U.S. academic institution.

The new research was supported by grants from the National Institutes of Health and the Cystic Fibrosis Foundation.

UNC faculty to develop Web site aimed at reducing premature births

Two UNC faculty have been awarded a grant from the March of Dimes to develop a Web site aimed at reducing premature births.

The Web site will be an easily accessible, up-to-date and reliable source of information for health-care providers to guide professional care of mothers, fetuses and infants at risk for prematurity, and its consequences.

METZGUER

This project is a partnership between the N.C. chapter of the March of Dimes, the N.C. Department of Health and Human Services, and the UNC School of Medicine. The co-investigators at UNC are Karen Metzguer, clinical professor in the Department of Pediatrics, and Merry-K. Moos, research professor in the Department of Obstetrics and Gynecology.

MOOS

Metzguer and Moos are partnering to develop a Web site to help health-care providers reduce the frequency and impact of premature births, which is the leading cause of death among newborns in North Carolina. They believe that reaching providers in their practice site with up-to-date best practices has the great potential to decrease the occurrence of prematurity and to prevent some of the consequences.

The $24,679 grant is one of many initiatives from the North Carolina chapter that supports a national, $75 million March of Dimes awareness and education campaign to address prematurity in the United States.

Swiss researcher gets neuroscience prize endowed by UNC scientist

UNC has named Dr. Yves Barde as recipient of the fourth annual Perl-UNC Neuroscience Prize.

Dr. Barde is professor of pharmacology and neurobiology at the Biocenter, University of Basel, in Switzerland.

The prize carries a $10,000 award and is given to recognize a seminal achievement in the field of neuroscience. Previous awardees were Dr. David Julius from the University of California at San Francisco, Dr. Roderick MacKinnon from Rockefeller University, and last year's co-recipients, Dr. Linda Buck of the Fred Hutchinson Cancer Research Center in Seattle and Dr. Richard Axel of Columbia University.

PERL

Edward R. Perl, MD, is Sarah Graham Kenan professor of cell and molecular physiology at UNC. Dr. Perl's work in pain mechanisms has been highly influential. Thirty years ago, he was the first to prove that a particular class of nerve cells (now called nociceptors) responds exclusively to stimuli that are perceived as painful. His work has had a decisive impact on modern pain research, and these cells are now targets of intensive efforts to find drugs that block their function.

"Dr. Barde is the recipient of this year's Perl Prize for having purified a protein from brain tissue that has a profound influence on the survival of neurons," said William Snider, MD, director of the UNC Neuroscience Center and head of the selection committee for the prize. "The discovery of this brain-derived neurotrophic factor, BDNF, has allowed the definition of an entire family of neuronal growth factors, the neurotrophins. These molecules are required for the survival and growth of many classes of neurons."

More recently, neuroscientists have discovered that BDNF levels in the brain are regulated by neural activity and that BDNF may be involved in learning and memory, Dr. Snider added.

William L. Roper, MD, MPH, dean of the School of Medicine, will present the award on May 14. Dr. Barde will give a public lecture immediately following the ceremony.

—Stories by Leslie H. Lang

BARNHILL

Jarrett Barnhill, MD, professor of Child Psychiatry, has been reappointed to the Child Psychiatry Recertification Committee of the American Board of Psychiatry and Neurology for a three-year term. Dr. Barnhill has also been reappointed to the Governor's Commission for Children with special needs for a three-year term.

BERNARD

Estrada J. Bernard Jr., MD, chief of Neurosurgery, was elected as a new Physicians and Associates Board at-large member representing the Surgical Group.

Teresa Borras, PhD, professor of Ophthalmology, was an invited speaker on the Symposium Glaucoma 2004 at the University of Erlangen in Nuremberg, Germany. Dr. Borras was also an invited speaker at the University of Michigan Kellog Eye Center Department of Ophthalmology in February.

Charles Barry Burns, MSPH, professor of Allied Health Sciences, has been selected by the American Society of Radiologic Technologists to serve on the Federal Drug Administration's Radiological Devices Panel. Burns will serve a term on this panel through January 2007. An Albuquerque-based association, the ASRT represents more than 110,000 members who perform medical diagnostic procedures or plan and deliver radiation therapy. The association is the largest radiologic science organization in the world.

Keith Burridge, PhD, was recently appointed as Kenan Professor of Cell and Development Biology. Created in 1917 through the bequest of Mary Lily Kenan Flagler Bingham, the Kenan Professorships were among the university's earliest endowments.

Leigh Callahan, PhD, associate professor of Orthopaedics, has been elected chair of the Carolinas Chapter of the Arthritis Foundation for 2004.

Patricia P. Chang, MD, MHS, assistant professor of Medicine, was selected to receive the ACCF/Bristol-Myers Squibb/Sanofi Pharmaceuticals Career Development Award in Acute Coronary Syndromes.

Fulton T. Crews, PhD, director of the Bowles Center for Alcohol Studies, recently received the Norbert L. Kelly Award. The award is the Addiction Professionals of North Carolina's highest award for distinguished service to those who suffer from addiction. The award was presented to Dr. Crews at the APNC's biannual educational meeting in Southern Pines, N.C.

Laurence E. Dahners, MD, professor of Orthopaedics, received the 2003 Musculoskeletal Course Faculty Teaching Award.

Sunil Dogra, MBBS, FFARCSI, associate professor of Anesthesiology, has been elected for a two-year term on the board of directors of the Southern Pain Society. The Southern Pain Society is a non-profit professional organization dedicated to serving people in pain by advancing research knowledge and treatment methods, supporting professional practice organizations, and enhancing the competence of its membership.

Amelia F. Drake, MD, chief of Pediatric Otolaryngology and Newton D. Fisher distinguished professor of Surgery; **William W. Shockley, MD**, professor and vice chair of Otolaryngology; and **Mark C. Weissler, MD**, chief of Head and Neck Oncology and Joseph P. Riddle distinguished professor of Otolaryngology, received Vice Presidential Citations from Harold C. Pillsbury, MD, in recognition of their outstanding contributions to Otolaryngology/Head and Neck Surgery. The citations were presented at the meeting of the Southern Section of the American Laryngological, Rhinological and Otological Society, Inc. in Marco Island, Fla. Dr. Pillsbury is vice president of the Southern Section.

James Faber, PhD, professor of Cell and Molecular Physiology received the UNC Distinguished Teaching Award for Post-baccalaureate Education for 2004. The award was presented during halftime at the UNC vs. Maryland basketball game on Feb. 15.

Richard Goldberg, MD, professor of Medicine and chief of Hematology/Oncology, had a paper published in the *Journal of Clinical Oncology*. The paper is titled, "Study Finds New FOLFOX 4 Treatment Helps Patients With Advanced Colorectal Cancer Live Significantly Longer, With Fewer Chemotherapy Side Effects."

Robert Golden, MD, professor and chair of Psychiatry, has been appointed as a founding member of the editorial board of *Chronic Co-Morbidity in CNS Medicine (C3)*.

Lav Goyal, MD, assistant professor of Radiation Oncology, was elected president of the North Carolina Chapter of the Council of Affiliated Regional Radiation Oncology Societies (CARROS). As president, his primary responsibility is to organize the North Carolina CARROS meeting in 2004. Founded in 1978, CARROS provides a mechanism for the exchange and dissemination of information about scientific advances that relate to the clinical practice of radiation oncology at the state and regional level.

Robert Gwyther, MD, MBA, professor of Family Medicine, recently received the H. Fleming Fuller Award. The award recognizes a member of the UNC Hospitals attending medical staff who has displayed an unwavering personal commitment to treating patients with compassion and respect.

Mary Elizabeth Hartnett, MD, associate professor of Ophthalmology, has received the following grants: "Studies on Endothelial Transmigration Across the RPE Barrier"; "The role of leukemia inhibitory factor (LIF) and oxidative stress in retinal avascularity and retinopathy of prematurity"; and "The Role of Cell-associated VEGF

Isoforms in Endothelial Cell Transmigration across the Retinal Pigment Epithelium."

Gail E. Henderson, PhD, professor of Social Medicine, and **Nancy M.P. King, JD**, vice chair and professor of Social Medicine, have been awarded a three-year competitive renewal from the Ethical, Legal and Social Implications (ELSI) Program of the National Human Genome Research Institute (NHGRI) for their study, "The Social Construction of Benefit in Gene Transfer Research."

Jeffrey Houpt, MD, professor and dean of the School of Medicine, received the Bowis Award from the American College of Psychiatrists during the organization's annual meeting.

C. Scott Hultman, MD, has been appointed as chief of Plastic and Reconstructive Surgery.

Armin Just, PhD, MD, instructor of Cell and Molecular Physiology, received the Arthur C. Guyton Award for Excellence in Integrative Physiology of the American Physiological Society. The award is given to an investigator pursing research that utilizes quantitative and integrative approaches and feedback control system theory for the study of physiologic functions.

Sandra C. Kim, MD, assistant professor of Pediatrics Gastroenterology, received a Career Development Award from the Crohn's and Colitis Foundation of America (CCFA). CCFA's guiding mission is to stimulate and encourage innovative research in the basic biomedical and clinical sciences, which is likely to increase understanding of the etiology, pathogenesis, therapy and prevention of Crohn's disease and ulcerative colitis (collectively known as inflammatory bowel disease or IBD). The Career Development Award is for junior faculty members involved in either basic or clinic science IBD research.

Jane Leserman-Madison, PhD, professor of General Hospital Psychiatry and Behavioral Medicine, was elected to the council of the American Psychosomatic Society and is currently on the editorial board of Psychosomatic Medicine.

MEREDITH

Travis A. Meredith, MD, chair and Sterling A. Barrett distinguished professor of Ophthalmology, was named to the editorial board of the *America Journal of Ophthalmology.*

Gary B. Mesibov, PhD, professor of Psychiatry and director of Division TEACCH, has been appointed to the Scientific Advisory Board of Kluwer Academic Publishers.

Leslie Morrow, PhD, professor of Psychiatry and associate director of the Center for Alcohol Studies, has been appointed to the editorial board of *Alcoholism: Clinical and Experimental Research.*

PASSANNANTE

Anthony N. Passannante, MD, associate professor of Anesthesiology, has been appointed as an Associate Oral Examiner by the American Board of Anesthesiology.

W. Campbell Patterson, MD, professor of Medicine and Director of the Carolina Cardiovascular Biology Center, has been elected for admission to the Association of University Cardiologists.

George Sheldon, MD, Zack D. Owens distinguished professor and former chair of Surgery, was named a Distinguished Service Member by the Association of American Medical Colleges. Dr. Sheldon received the honor during a recent meeting of the AAMC's Council of Academic Societies. The AAMC awards the Distinguished Service Member title to those who have been actively involved in the affairs of the association as chair of one of its councils or member of one of its administrative boards and who have made significant contributions to the association's committees or task forces.

Amrit Singh, MD, assistant professor of Family Medicine, won a five-year HRSA Geriatric Academic Career Award for 2003-2008. The award goes to support activities related to development as an academic geriatrician.

SINGH

Carol G. Shores, MD, PhD, FACS, assistant professor of Head and Neck Oncology, was inducted as a fellow of the American College of Surgeons at the ACS 89th Annual Clinical Conference.

SHORES

Timothy N. Taft, MD, professor of Orthopaedics and director of Sports Medicine, recently served as one of four orthopaedists on the national sports medicine consensus conference for mass participation events.

David K. Wallace, MD, associate professor of Ophthalmology and Pediatrics, has been appointed to the Steering Committee for the Amblyopia Treatment Studies, which are conducted by the Pediatric Eye Disease Investigator Group (PEDIG). He also serves on several planning and writing committees for PEDIG studies, and he has been appointed protocol chair for two studies to be launched in 2004.

At the annual meeting of the American Academy of Ophthalmology in Anaheim, Calif., Dr. Wallace gave a course titled, "A Practical Approach to Diplopia," and he moderated two Breakfasts with the Experts on "Recent Advances in Retinopathy of Prematurity." Also, at the annual meeting of the American Association of Certified Orthoptists, he presented "Interesting Strabismus Cases."

William Whitehead, PhD, professor of Medicine, edited a special supplement to the journal *Gastroenterology* reporting the proceedings of a consensus conference on Advancing the Treatment of Fecal and Urinary Incontinence Through Research.

Children's heart program under way at UNC Hospitals

UNC Hospitals is undertaking two separate renovation projects to provide a new diagnostic clinic for children with heart problems and the medical center's first dedicated pediatric cardiac catheterization laboratory.

STILES

"These renovations represent another step toward full diagnostic and treatment services for the children of North Carolina. They will consolidate many services that are currently offered at several different locations within UNC Hospitals and continue our move to a family-centered, child-focused environment for care. The renovations also provide space for this program of excellence in clinical care to further improve service to patients coming for care," said Alan Stiles, MD, physician-in-chief at the N.C. Children's Hospital and chair of the UNC Department of Pediatrics.

Preliminary work on the 5,450-square-foot diagnostic clinic has already begun. That project is budgeted at $945,000.

The separate, 2,726-square-foot cardiac catheterization laboratory project will be put up for bid later this year. That project also includes 1,156 square feet for a Children's Services Conference area. The Certificate of Need Section of the N.C. Division of Facility Services issued a Certificate of Need for this project on Dec. 30, 2003, with an approved capital expenditure of $4,062,504.

The architect for each project is Peterson Associates of Charlotte, which is currently working to finalize the designs.

HENRY

Bill Henry, MD, director of the N.C. Children's Heart Center, said the renovations are needed because of a dramatic growth in the number of children's heart procedures performed at UNC Hospitals, especially those that are performed by cardiac catheterization. In such procedures, a very small plastic tube called a catheter is inserted inside a blood vessel in the groin and then threaded into the heart.

Pediatric heart specialists can then perform a variety of procedures via that tube. These include diagnostic procedures, which are aimed at determining what is causing the patient's heart problems, and therapeutic interventions, such as installing a device to plug a hole in the heart.

"Five to 10 years ago, the main reason for performing a pediatric cardiac catheterization procedure was for diagnosis," said Dr. Henry. "That's no longer true. Now treatment is the main reason."

Some of the procedures performed in a cardiac catheterization laboratory typically take 30 to 40 percent longer when the patient is an infant than when the patient is an adult, and they can take up to twice as long. So a cardiac catheterization procedure that might last 3-4 hours for an adult could last 6-8 hours when the patient is a young child, meaning that cardiac catheterization laboratory would not be available for any other patients that day.

This shift from diagnosis to treatment has made it difficult for UNC Hospitals, which evaluates more than 300 children a year in its existing cardiac catheterization laboratories, to accommodate the demand for both pediatric and adult cardiac catheterization procedures. The addition of a dedicated pediatric cardiac catheterization laboratory will allow for improved scheduling of both pediatric and adult cardiac catheterization procedures.

The N.C. Children's Heart Center is the largest children's heart program in North Carolina and one of the most comprehensive pediatric cardiovascular programs in the United States. Each year the N.C. Children's Heart Center performs more than 250 cardiothoracic operations and 5,000 non-invasive procedures. In addition, the program performs 7,000 pediatric cardiology outpatient visits.

—Tom Hughes

Patient art exhibit to open May 8 at N.C. Museum of Art

Beautiful brushstrokes, fabulous color and lives told on canvas will be the focus of *Brushes with Life: Art, Artists and Mental Illness*, exhibiting at the N.C. Museum of Art from April 18 to Aug. 15. On May 8, UNC Health Care and the UNC Department of Psychiatry are pleased to host the opening reception for this exhibit showcasing patient artists of the Schizophrenia Treatment and Evaluation Program (STEP) Gallery within the Department of Psychiatry.

With each piece handpicked, more than 30

This piece is featured on the event's invitation and is included in the show.

works compose this art show, featuring acrylics, pencil, fabric, pastels and a variety of abstract mediums. Planned in recognizing May as North Carolina Mental Health Month, the goal for this exhibit and its opening reception are two-fold: to educate communities about the mental illnesses that affect one in four N.C. homes and to reduce the stigma associated with mental illnesses by raising awareness through beautiful patient imagery and art.

The exhibit and its opening event celebrate a year-long partnership between the UNC Department of Psychiatry and the N.C. Museum of Art aimed at providing structured, creative opportunities for patient artists in the STEP program. Tools and skills gained through this therapeutic arts partnership will be applied to future programs within the Department of Psychiatry and will also allow the N.C. Museum of Art to share these experiences with other health care organizations.

The event is made possible by the generosity of Astra Zeneca.

For more information about the May 8 exhibit opening event or the UNC Department of Psychiatry STEP Art Gallery, please contact Crystal Hinson Miller at (919) 966-9115 or visit the UNC Department of Psychiatry website at www.psychiatry.unc.edu. Patient artwork can be viewed online at www.brusheswithlife.org.

—Crystal Hinson Miller

103 UNC physicians included in *The Best Doctors in America 2003-2004*

More than 100 UNC physicians who provide patient care at UNC Hospitals are included in The Best Doctors in America 2003-2004 database.

"This accolade is appropriate recognition of our terrific medical staff, but it is not a surprise," said Eric Munson, president emeritus of UNC Hospitals. "The clinical Centers of Excellence which we have developed at UNC Hospitals are a direct reflection of the outstanding professionals whom we have been fortunate to recruit. This recognition by peers across the country corroborates what we hear every day from the patients and families we serve. My only surprise is the many other deserving physicians on our staff who did not make this list."

The Best Doctors in America database contains the names and professional affiliations of approximately 30,000 doctors in the United States, all chosen through an exhaustive peer-review survey. Best Doctors, Inc. contacts more than 35,000 doctors who were identified in previous surveys as the best in their specialties and asks them: "If you or a loved one needed a doctor in your specialty, to whom would you refer them?"

The 103 UNC Hospitals physicians, listed by their medical specialty as reported in the Best Doctors database at BestDoctors.com, are:

Anesthesiology – Dr. Philip Boysen

Cardiovascular Disease – Dr. Marschall S. Runge, Dr. Sidney C. Smith Jr.

Dermatology – Dr. Luis A. Diaz, Dr. Lowell Alan Goldsmith

Endocrinology and Metabolism – Dr. John B. Buse, Dr. David A. Ontjes

Family Medicine – Dr. Robert Gwyther

Gastroenterology – Dr. Eugene M. Bozymski, Dr. Douglas A. Drossman, Dr. William D. Heizer, Dr. Kim Isaacs, Dr. R. Balfour Sartor, Dr. Nicholas Shaheen

Geriatric Medicine – Dr. Nortin M. Hadler, Dr. Philip D. Sloane

Infectious Disease – Dr. Joseph J. Eron Jr., Dr. Charles M. van der Horst

Medical Oncology & Hematology – Dr. Stephen Alan Bernard, Dr. Richard Goldberg, Dr. Thomas C. Shea, Dr. Gilbert C. White II

Nephrology – Dr. Ronald J. Falk, Dr. Gerald Hladik

Neurology, Child – Dr. O'Neill D'Cruz, Dr. Robert S. Greenwood, Dr. Michael B. Tennison

Neurology – Dr. Colin D. Hall, Dr. James F. Howard Jr., Dr. Peter L. Jacobson

Obstetrics and Gynecology – Dr. Nancy C. Chescheir, Dr. William Droegemueller, Dr. Wesley C. Fowler Jr., Dr. Marc A. Fritz, Dr. David A. Grimes, Dr. William R. Meyer, Dr. Kenneth Joseph Moise Jr., Dr. Valerie M. Parisi, Dr. John M. Thorp Jr., Dr. Honor M. Wolfe

Ophthalmology – Dr. Kenneth L. Cohen, Dr. Jonathon J. Dutton, Dr. Travis A. Meredith

Orthopaedic Surgery – Dr. Donald K. Bynum, Dr. Edmund

R. Campion, Dr. Laurence E. Dahners, Dr. Douglas R. Dirschl, Dr. Paul Lachiewicz, Dr. Timothy Taft

Otolaryngology – Dr. Amelia F. Drake, Dr. Harold C. Pillsbury III, Dr. Brent A. Senior, Dr. William W. Shockley, Dr. Mark C. Weissler

Pathology – Dr. J. Charles Jennette

Pediatrics (General) – Dr. R. Meade Christian, Jr., Dr. Harvey J. Hamrick, Dr. William C. Hubbard, Dr. Jacob Lohr, Dr. Joseph Muenzer, Dr. Desmond K. Runyan

Pediatric Specialist – Dr. Thomas N. Belhorn, Dr. Julie Blatt, Dr. A. Joseph D'Ercole, Dr. Margaret Leigh, Dr. Frederick W. Henderson, Dr. Melvin Levine, Dr. Steven N. Lichtman, Dr. Joseph Muenzer, Dr. Louis E. Underwood

Psychiatry – Dr. L. Jarrett Barnhill, Dr. Robert A. Bashford, Dr. Alan Beeber, Dr. Robert N. Golden, Dr. John Haggerty, Dr. Thomas M. Haizlip, Dr. David S. Janowsky, Dr. Jeffrey A. Lieberman, Dr. A. Jackson Naftel, Dr. Diana O. Perkins, Dr. Joseph Piven

Pulmonary and Critical Care Medicine – Dr. Brian A. Boehlecke, Dr. Richard C. Boucher, Dr. James Francis Donohue, Dr. Michael Ray Knowles, Dr. Linda Paradowski, Dr. Maria Patricia Rivera, Dr. James R. Yankaskas

Radiation Oncology – Dr. Julian G. Rosenman, Dr. Joel E. Tepper

Rheumatology – Dr. Mary Ann Dooley, Dr. Nortin M. Hadler

Surgery – Dr. Christopher C. Baker, Dr. Anthony A. Meyer, Dr. Jeffrey H. Fair

Surgical Oncology – Dr. Benjamin F. Calvo

Thoracic Surgery – Dr. Frank C. Detterbeck, Dr. Thomas M. Egan, Dr. Blair Keagy, Dr. Michael R. Mill, Dr. Peter Starek, Dr. Benson R. Wilcox

Urology – Dr. Culley C. Carson III, Dr. Raj S. Pruthi, Dr. Stephen Shaban

Best Doctors, Inc. is based in Boston and provides highly specialized medical services to nearly 10 million people in over 30 countries. Best Doctors' global database network is updated continuously through a peer-review based evaluation of the medical profession, and includes 50,000 doctors worldwide named "best," in over 40 specialties and 400 subspecialties of medicine.

UNC, NCSU form joint department in biomedical engineering

The UNC School of Medicine and the College of Engineering at North Carolina State University have formed a joint department of biomedical engineering, the first-ever shared department within the UNC system.

The new department addresses what promises to be one of the fastest-growing industries over the next decade. Biomedical engineering stresses the application of science and engineering, mathematical analysis and computer techniques to biomedical health. Research areas range from increasing the durability and biocompatibility of artificial joints, to designing injectable biosensors that help guide cancer therapies.

MARZLUFF

"This joint department will give faculties at both universities the opportunity to apply cutting-edge advances in engineering, including new materials and nanotechnology, to biomedical problems," said William Marzluff, MD, executive associate dean for research at UNC.

North Carolina already is nationally recognized for its high concentration of medical technology businesses and research facilities. Graduates of the new department will receive diplomas showing both university seals and, ideally, an advantage over competition for jobs in a rapidly growing industry.

Dr. Troy Nagle, professor of biomedical engineering at N.C. State, was appointed the founding chair of the new department.

Last August, UNC and N.C. State launched a joint graduate degree program in biomedical engineering.

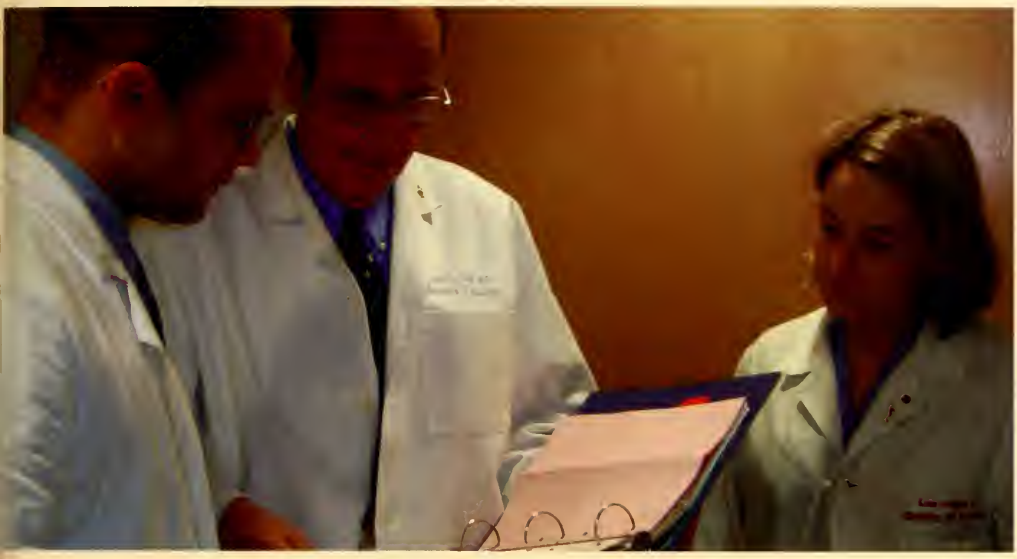
Pioneering program to target physician fatigue, impairment

UNC Hospitals, Duke University Medical Center and other health care-related entities will collaborate to develop and launch a unique education program intended to improve patient outcomes by promoting physician wellness.

The initiative — called The Model Instructional Program on Physician Fatigue and Impairment and Patient Safety — is being made possible with a nearly $1 million grant from the Josiah Macy Jr. Foundation, to be distributed over a three-year period.

The program will attempt to teach medical professionals to recognize, manage and prevent fatigue, impairment and burnout in themselves and their colleagues. The program was initially conceived after the Accreditation Council for Graduate Medical Education (ACGME) began an effort in 2002 to educate medical trainees and faculty about fatigue and impairment. It gained further momentum when the ACGME's mandate limiting medical residents to 80-hour work weeks went into effect in July 2003.

"Physicians need to take care of themselves first, so they can be in the best possible condition to



Dr. Robert Cefalo meets with residents in Labor and Delivery.

care for others," said co-principal investigator Dr. Kathy Andolsek, associate director of Duke's graduate medical education program.

"There are significant stressors, such as much sicker patients coming into the hospital today, that put physicians at risk in ways that other professionals and workers are not, so we want them to be able to recognize, prevent and manage these risks," Dr. Andolsek said. "It's also important for graduate medical education programs to understand that although their residents are now adhering to an 80-hour work week, these stressors still exist."

Evidence suggests that burnout and impairment issues start early in medical training, Dr. Andolsek said, adding "we can't be too cavalier about this issue because we're so dependent on providers' time, and making a concerted effort to promote provider wellness will be a major change for most programs to make."

The program's curriculum — to be delivered through standardized workshops, a Web site and CD-ROMs — will be developed during the coming three years. The first part of the program is expected to be introduced at Duke and UNC in 2004.

The core curriculum — initially designed for residents and fellows in specialty and subspecialty training, as well as for medical faculty — is being created to be easily tailored to meet the future needs of other relevant audiences, including practicing physicians, hospital staff, nurses, medical students and students in physician assistant and other health profession programs.

Medical faculty from Duke and UNC and staff from the North Carolina Physicians Health Program will assist with the development and implementation of the program, which has been supported by the North Carolina Area Health Education Centers and the Southern Medical Association.

"We must teach residents about the potential effects of fatigue and other types of impairment on patient management, and attending physicians must know how to recognize the potential effects of impairment in the residents they supervise," said co-principal investigator Dr. Robert C. Cefalo, professor emeritus of obstetrics and gynecology and assistant dean for UNC's graduate medical education program. "The Macy Foundation grant enables us to present an organized program for both residents and faculty to enhance their ability to recognize and teach others about these important issues."

If the program does show a correlation between provider wellness and improved patient outcomes, Drs. Cefalo and Andolsek hope it will serve as a model for academic medical centers around the country.

"Our intent is to use this grant to develop resources and make them available to everybody so that no one has to reinvent the wheel and we can all learn from one another," said Dr. Andolsek.

"It's important to put these tools into the hands of graduate medical education program directors, practicing physicians and the larger medical audience in general," added Dr. Cefalo.

The Josiah Macy Jr. Foundation is a privately endowed philanthropy located in the borough of Manhattan, New York City. The foundation supports programs designed to improve the education of health professionals in the interest of the health of the public, and to enhance the representation of minorities in the health profession and to increase teamwork between and among health care professionals.

New DVD virtual microscope developed at School of Medicine

First-year medical students at UNC are finding less need to adjust a traditional microscope in their histology curriculum. Instead, they are using their computers and a unique DVD to study the exacting science concerned with the minute structure of cells, tissues and organs.

This virtual microscope allows students to instantaneously receive high-resolution images of individual tissue slides at the click of a mouse button. Images can be adjusted continuously to fill all or part of a screen, and different magnifications may be viewed simultaneously, something not possible with traditional light microscopes.

UNC professors of cell and development biology Drs. William Koch and Peter Petrusz developed the virtual microscope for the histology course.

"As a viewing device, the light microscope is difficult to use, mechanically complicated and requires following strict rules in order to get optimal images," Dr. Petrusz said. "The fields you see are limited to the capabilities of the given objective lens, and that means having either a low-resolution image over a relatively large field where you don't see detail or you focus on a very small field with high resolution and you don't see the big picture.

"Our virtual version has a continuous magnification, so you can always select the optimal one to see whatever you want to see, while the big picture, the overview, is always available."

The interactivity of the new DVD is designed to appeal to today's computer-savvy medical students, who can save the screen images, print them, annotate them and label anatomical structures and layers using common computer applications.

The medical histology DVD at UNC differs from other such technology in linking syllabus text directly to specific images, making a paper manual unnecessary. In addition, the technology does not require switching between multiple CDs, adding ease in navigation.

To make sure the DVD images met their exacting demands, Drs. Petrusz and Koch sent sample tissue sections to several outside imaging technology companies. They eventually selected one providing high-resolution images far superior to the others, Koch said.

"Scanning, in this case, is a step-by-step process taking one square area at a time, producing hundreds or thousands of little squares, or tiles," he said. "Like mosaics, these little pieces must be assembled seamlessly, very smooth and correct. It's a very critical part of the process."

The new DVD is cost-effective. Typically, medical schools struggle to maintain their teaching microscopes. UNC has hundreds of microscopes that are at least 30 years old, difficult to maintain and ripe for replacement. Replacement costs may approach $1 million, even without taking into account support personnel.

Image of the monkey's tongue from the virtual microscope.

"The virtual microscope eliminates that need," Dr. Petrusz said.

The DVD can be used beyond the first year of medical school, for review while taking pathology or any other time students want to review the basic material, Drs. Koch and Petrusz said. They can carry the histology course with them.

"In assessing how histology had been traditionally taught to medical students, we decided that traditional methods were not only inefficient, but would become increasingly so," said Dr. Vytas A. Bankaitis, professor and chair of cell and developmental biology.

"Technical difficulties associated with uneven tissue slide quality, and an aging set of microscopes with which to view these slides, conspire to reduce quality teaching time. We decided a virtual format offered a superior and long-term solution to the major challenges of histology instruction."

Next for the DVD is a third dimension: depth. "The company we work with is developing a new viewer having the ability to focus vertically. It will allow us to resolve structures that are too thick for the current system," Petrusz said.

Dr. Gerald Gordon, research assistant professor of cell and developmental biology, helped Koch and Petrusz with computer-related issues during the DVD's development.

—Leslie H. Lang

Womack Society to honor alumni

A special reception of the Nathan A. Womack Surgical Society on June 11 will honor former residents, faculty, interns, and their spouses that worked in the UNC Department of Surgery during the tenure of Dr. Womack (1952-1966). In their honor, a cocktail reception will be held at the Dubose House at Meadowmont in Chapel Hill. The evening will be a wonderful time to catch up with old friends and meet others currently in the department.

The weekend long Womack Society Meeting will also include Scientific Meetings on Friday Afternoon and Saturday morning (CME credits available). If you have questions, please call Jennifer Meyer at 919-843-1238 or email her at Jennifer_Meyer@med.unc.edu .

UNC Health Care wins eight awards for public relations and marketing

UNC Health Care won awards for excellence in health care public relations and marketing in eight categories at the fall conference of the Carolinas Healthcare Public Relations & Marketing Society.

"We are very pleased that our efforts have been honored in this way," said Karen McCall, UNC Health Care's vice president of Public Affairs & Marketing. "Winning the Wallie Awards validates a lot of hard work by my staff and our marketing consultant, Jennings."

The Chapel Hill-based Jennings agency has been UNC Health Care's advertising agency for 11 years.

The Wallie Awards are given for advertising and marketing efforts. In addition, the CHPRMS gives an award called the Silver Tusk for the best public relations efforts in various categories. UNC Health Care won the Silver Tusk in three categories: fund-raising, crisis management and community relations.

- The fund-raising award was for the first N.C. Children's Promise, a 20-hour radiothon on Curtis Media Group stations in November 2002 that raised approximately $200,000.
- The crisis management award honored UNC Health Care's handling of the extremely high level of media attention focused on the N.C. Jaycee Burn Center at UNC Hospitals in the wake of the West Pharmaceuticals plant explosion in Kinston, N.C.
- The community relations award recognized UNC Health Care's "Heels in Motion" mall-walking program at The Streets at Southpoint mall in Durham.

In addition, UNC Health Care won:

- A Gold Wallie for its radio advertising series about the 50th anniversary of UNC Hospitals and the University of North Carolina at Chapel Hill School of Medicine's four-year medical degree program.
- A Silver Wallie in the magazines, four color or more category, for the *UNC Medical Bulletin*.
- A Silver Wallie in the print advertising single category, for an ad about the Women's Health Fair. UNC Health Care also received an Honorable Mention in this category, for an ad featuring Dr. Brenda Crowell of Charlotte that emphasizes how graduates of the UNC School of Medicine work as doctors in communities all across North Carolina.
- An Honorable Mention in the overall marketing /communications program category, for the "Faces of UNC Health Care" employee recruitment campaign.

The CHPRMS gives the Wallie Awards annually at its fall conference, the most recent of which took place in November. They are called the Wallie Awards because the organization's mascot is a walrus. The Silver Tusk award is so named in keeping with the walrus theme.

—Tom Hughes

Wellness Center wins design award

UNC Health Care's Wellness Center at Meadowmont has won a design award for the use of glass block in the facility.

The Wellness Center, which is owned and operated by UNC Hospitals, is one of nine regional design winners in the Circle of Design Excellence Award program. The program is sponsored by the Pittsburgh Corning Corp., a manufacturer of glass block, and recognizes those designs where glass block forms a prominent architectural feature of a building. The designs were judged based on the creative use of Pittsburgh Corning glass block in architectural design, the aesthetic and visual impact of the project, and the utilization of Pittsburgh Corning glass block as a problem-solving design solution.

A unique new facility that integrates the offerings of a traditional fitness club with clinical services usually found in a hospital, The Wellness Center opened to the public in November 2002. The two-story, 52,000-square-foot building, designed by the Corley Redfoot Zack architectural firm in Chapel Hill, is located in the Meadowmont community off N.C. Highway 54. It provides area residents with a health system-centered program for overall good health and fitness.

More information about the design contest, including pictures of The Wellness Center, is available at www.pittsburghcorning.com/architects/CircleDesignAwards.asp.

More information about The Wellness Center is available at www.uncwellness.com.

—Tom Hughes

GlaxoSmithKline grant aims to improve children's care

GlaxoSmithKline donated $94,000 to the N.C. Children's Hospital for a project aimed at improving the quality of care of children with chronic illnesses and operational efficiency in the hospital's subspecialty clinics.

If the project is successful, it will provide a model that can be readily reproduced in similar hospitals throughout North Carolina and the United States.

"The partnership with GlaxoSmithKline with this grant will provide the N.C. Children's Hospital an opportunity to rapidly move through a change in the way pediatric subspecialists and surgeons care for children with serious and chronic illnesses in our clinics," said Alan Stiles, MD, physician-in-chief at the Children's Hospital and chair of the UNC Department of Pediatrics.

"Under the leadership of Dr. Pierre Barker, the director of Outpatient Services in the N.C. Children's Hospital, we will rapidly implement changes that will improve efficiency of the clinics, allow more patients to be seen and seen sooner, and most importantly allow us to provide better medical care by continuously tracking our patient outcomes," Dr. Stiles said. "This is a very novel approach to the practice of medicine in academic medical centers, but one that is necessary for us to continue to provide the best care to the children in North Carolina."

Bill Shore, director of U.S. Community Partnerships for GlaxoSmithKline, said his company "is pleased to support the efforts of the N.C. Children's Hospital to improve children's health outcomes, with the goal of replicating this project at other hospitals in the state and across the United States."

The project will focus on four key changes: measuring current performance, identifying changes that can result in improved care, testing changes and implementing changes that result in improvement. To bring about these changes, project staff will employ three strategies.

The first strategy is to conduct a series of chronic disease management projects throughout the children's clinics to monitor and improve health outcomes. These projects are modeled after a smaller, pilot project that focused on improving the care provided to children with cystic fibrosis. During the first six months of the pilot project, the mean body mass index of children who started with poor nutritional status improved by 5 percent.

In the newer, larger project, the model used with cystic fibrosis patients will be applied to children with inflammatory bowel disease, connective tissue diseases (such as juvenile arthritis), diabetes, Prader-Willi syndrome (a congenital disease marked by obesity, decreased muscle tone, diminished mental capacity, or a reduced or absent secretion of hormones from the sex glands) or who have had a tracheostomy (a surgical opening cut in the neck for the insertion of a breathing tube).

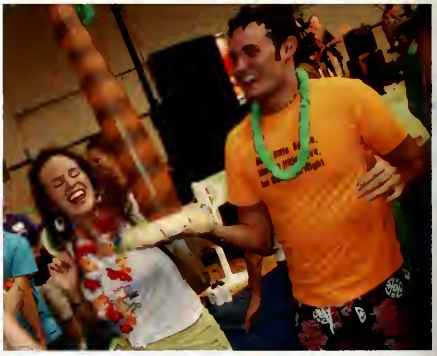
The second strategy is to track the performance of health-care delivery, with the ultimate goal of making changes in clinic operations that will reduce the wait time for a new appointment to 1-2 weeks. Finally, the third strategy is to establish a new clinic in the N.C. Children's Hospital that will serve as the "primary care home" for children with complex, multisystem diseases, and coordinate their subspecialty care.

The project will use methods developed by the N.C. Center for Children's Healthcare Improvement, which is part of UNC's Department of Pediatrics, and the National Initiative for Children's Healthcare Quality. In brief, this approach will center on face-to-face learning sessions in which clinic staff will learn about the model for chronic illness care, plan tests of change with guidance from those who have done it, analyze their progress from colleagues and experts, develop strategies to overcome barriers to change and plan for further spread of the changes.

Primary operational support for the project will be provided by the N.C. Center for Children's Healthcare Improvement, with additional support from the American Board of Pediatrics and the National Initiative for Children's Healthcare Quality.

With North American operations based in Research Triangle Park, N.C., and Philadelphia, GlaxoSmithKline is one of the world's leading research-based pharmaceutical and health care companies.

– Tom Hughes



UNC Dance Marathon participants on Feb. 20.

Students dance their way to over $180,000

Students participating in the annual UNC and N.C. State University Dance Marathon events stood on their feet for 24 hours and raised more than $180,000 for the North Carolina Children's Hospital.

The 24-hour spectacles are the culminating events for the student organizers at both schools. The one-day commitment symbolizes the sacrifices that doctors, nurses and families affiliated with the hospital make each day.

More than 600 UNC students sacrificed their normal weekend activities to participate in the marathon, which has grown into an honored tradition at the university. The event began at 7 p.m. Feb. 20 when UNC men's basketball coach Roy Williams told the students to rise to their feet and remain there for 24 hours. He told them that the challenge they were about to face was like the challenge that his men's basketball team faces whenever they play another

ACC team. Other inspirational speakers included N.C. Rep. Mike McIntyre and N.C. Rep. Brad Miller.

A variety of local bands and student groups entertained the dancers. Dancers even remained on their feet while they cheered the Tar Heels to a victory over Florida State University. A highlight was a Saturday afternoon performance by The Embers, a popular beach-music band. Area donors, including Bojangles, Papa John's and Carolina Dining Services provided food and refreshments for the mass of hungry dancers throughout the two days.

"Being a dancer was an incredible experience," said Kavita Pillai, a UNC freshman from Knoxville, Tenn. "While it was probably one of the most difficult things I have ever done, it was also one of the most rewarding. Knowing that there are children out there suffering every day made my discomfort seem incredibly trivial in comparison, but I knew that my effort wasn't trivial."

UNC Dance Marathon proceeds go directly to a unique fund called the "For the Kids Fund," which provides the hospital's families with funds for needs not met by insurance. In the past, the event's proceeds have paid for families' rent, utility bills and clothing and even purchased Christmas presents for families who could not afford them. This year the funds raised by UNC's Dance Marathon brought the organization's six-year total to more than $670,000.

The N.C. State Dance Marathon, held earlier in February, brought in $10,736.91. It was the school's second consecutive year at hosting the event.

"I'm happy with the way this year's marathon went," said Sara Anderson, hospital chair for the N.C. State Dance Marathon. "We learned a lot from last year's marathon and were able to build upon that to make this one even better. But tangible successes aside, the bottom line is that we do this for the children of North Carolina. When you hear their stories, you know you really can make a difference, and it makes all the long hours worthwhile. We are already looking forward to next year."

The family of Dr. Castelloe at the reception announcing the establishment of the professorship. From left, Clifton, Molly and Thomas Castelloe, Keath Castelloe Low and Thomas Castelloe II.

Levine chairs new professorship in Developmental-Behavioral Pediatrics

The UNC School of Medicine's Department of Pediatrics has been given The Thomas E. Castelloe, MD, Distinguished Professorship in Developmental-Behavioral Pediatrics. Dr. Mel Levine, director of the Clinical Center for the Study of Development and Learning (CDL) and founder of All Kinds of Minds, a non-profit institute, will be the first recipient of this esteemed chair.

Thomas E. Castelloe, MD '56, a UNC alumnus, provided $333,000 to establish this professorship endowment. A matching grant of $167,000 from the State of North Carolina's Distinguished Professors Endowment Trust Fund will bring the endowment principal to $500,000. The chair endowment will take effect once the matching grant is approved.

A portion of the earnings of the fund will be used to attract or retain a distinguished teacher and scholar as director of the CDL. An affiliation agreement between the university and All Kinds of Minds in 1998 enabled clinical work done at the CDL to evolve into national programs that help clinicians, teachers, and parents better understand and respond to student who struggle with learning. All Kinds of Minds and the university's Office of Continuing Medical Education also jointly sponsor semi-annual conferences on clinical assessment and management of differences in learning in Chapel Hill during the spring and fall.

A native of North Carolina, Dr. Castelloe received his undergraduate and medical degrees from UNC with high honors and finished his orthopedic surgery residency in 1961 at North Carolina Memorial Hospital. Dr. Castelloe founded the Raleigh Orthopedic Clinic, where he practiced until his retirement in 1990. He also served as a clinical assistant professor in orthopedic surgery in Chapel Hill.

The CDL focuses on how people with developmental disabilities learn, and how they can be helped to learn better. Through clinical services, training and technical assistance, research, and educational programs for professionals, the CDL works to remove barriers, promote inclusion, and define least restrictive environments for all people with developmental disabilities in North Carolina. More information is available online at www.cdl.unc.edu.

All Kinds of Minds, founded in 1995 by Dr. Levine and financier Charles Schwab, translates the latest research on how children learn into programs and services that can help students struggling in school. Programs include Schools Attuned for educators and the Student Success Program, which provides individualized assessments of grade 1-12 students and learning plans that can be used by parents and teachers. The program is modeled on the outstanding clinical practice at the CDL. For more information, visit the Institute's Web site at www.allkindsofminds.org.

Charles Goren Foundation names Parent Resource Center

To many people, the name Charles Goren is synonymous with the game of bridge. In Chapel Hill, it is also closely associated with the North Carolina Children's Hospital. The foundation has several named spaces in the hospital located on the UNC campus.

Recently, the Charles Goren Foundation made a gift of $20,000 to name and endow a parent resource center in the hospital's Pediatric Intensive Care Unit (PICU.) The center will be named The Charles Goren PICU Parent Resource Center and be made available to families who have children receiving care in the PICU. The room will include educational materials, a computer with Internet access, a digital camera and TV/VCR combo, all in a comfortable setting. The space also will be used for consultation and other family visits. The generous gift from the Goren Foundation will endow the space so that it will be updated for years to come.

"We are grateful for this generous contribution from the Charles Goren Foundation. They continue to enhance programs that benefit children through health care and education. The Goren Parent Resource Center will assist families with accurate information and educational materials when their children have serious illness," said Jim Copeland, president of The Medical Foundation of North Carolina, Inc.

UNC law professor Tom Hazen and his wife, Lisa, are directors of the foundation. They succeeded Tom's father, Lee Hazen, who died in 1991. Lee Hazen was Goren's attorney and counsel to the American Contract Bridge League.

Medical students lead efforts to establish lectureship in honor of late classmate

Medical students are joining together in a positive way to overcome the recent loss of a classmate at UNC. Lauren Kathleen Brown – a third-year medical student from Clemmons, N.C. – died during the fall semester of 2003. The impact of her battle with eating disorders has compelled classmates, family and friends to raise funds for the Lauren Brown Memorial Lectureship in the UNC Department of Psychiatry Eating Disorders Program.

BROWN

Efforts to establish the lectureship have been led by the Lauren Brown Memorial Committee, comprised of classmates Kate Lawrence, Erin Lesesky, Melissa Putman and Trudy Singzon. Through their collaborative work with the UNC Eating Disorders Unit, along with Lauren's parents, Ray and Diane Brown, and Cynthia Bulik, PhD, William R. and Jeanne H. Jordan Distinguished Professor of Eating Disorders, a class awareness campaign was initiated that coincided with National Eating Disorders Awareness Week last February.

Committee members were present for events on campus during the week's programming and assisted in sharing information with classmates about on-campus eating disorders screenings and resources for eating disorders information. The committee also sold lapel pins in recognition of the campaign for Lauren and took advantage of this time to distribute pledge cards for lectureship funds. In addition to money contributed by UNC medical students, money has been contributed by family and friends toward the lectureship endowment.

Lauren is remembered for her smile and her compassionate heart, and her struggle has influenced her classmates at UNC. They have committed themselves to increasing awareness and treatment for eating disorders. Their work to establish a lectureship in eating disorders will allow Lauren's memory to guide others in fighting similar battles.

"Many of us have been profoundly touched by Lauren's life and her death," says Kate Lawrence, fourth year medical student and Doris Duke Clinical Research Fellow. "We felt compelled to create a permanent memorial in her honor. The Lauren Brown Memorial Fund will serve as a vehicle through which we can raise awareness about eating disorders and educate the medical community about prevention, treatment, and research in this important area. Most importantly, this is a way that we can reach out to others like Lauren and make them aware that help is available. No one should feel that they are dealing with this alone."

Lauren began her battle with the eating disorder anorexia nervosa during her junior year of high school. She received outpatient treatment from various sources over those years, as well as a 47-day period of inpatient treatment. The disorder consumed much of her physical and mental energy until it finally took her life.

"It is difficult to try to summarize anyone's life in a few paragraphs," Ray Brown said. "Twenty-five years seems like such a long time, but when equated to a lifetime, it appears so very short. If it was ever true that quality of life is more important that quantity or sheer longevity, it is true in Lauren's case. She personally experienced more in her twenty-five years than most will experience in seventy-five years."

For more information or to contribute to the Lauren Brown Memorial Fund, please contact Crystal Hinson Miller at (919) 962-9427 or email hinsonmiller@med.unc.edu. More information about the UNC Eating Disorders Program can be found at http://www.psychiatry.unc.edu/clinicalservices/eatingdisorders.htm.

–Crystal Hinson Miller

Businessman delivers Biggers talk

Alfred E. Mann, a prominent businessman, inventor, and philanthropist in the field of biomedical engineering, delivered the W. Paul Biggers Distinguished Lectureship on Dec. 3 in Berryhill Hall.

Mann's talk was titled "From Idea to Reality." His visit was hosted by the UNC Department of Otolaryngology/Head and Neck Surgery.

The lectureship honors the late UNC School of Medicine Professor W. Paul Biggers, MD, and his lifelong passion to aid children with speech and hearing disorders. Dr. Biggers was responsible for the creation of the Carolina Children's Communicative Disorders Program (CCCDP).

Mann is the chairman and chief executive officer of MannKind Corp., chairman and co-chief executive officer of Advanced Bionics Corp., chairman of Quallion LLC and Second Sight LLC, and chairman Emeritus of Pacesetter Inc., all companies founded by him.

These companies have developed important biomedical products and devices, including cochlear implants, cardiac pacemakers, and micro-infusion pumps for treatment of diabetes and other medical conditions.

In addition to his business activities, Mann has contributed significantly to numerous technical advances in medical devices, photovoltaic power conversion, illumination, radiometry, vacuum physics, thin-film optics and advanced methods of mathematical analysis. He holds numerous patents, with several pending, and has authored a number of scientific papers.

Jeffrey Houpt, MD, Alfred E. Mann, Harold Pillsbury, MD and Mann's wife, Claudia Girault at the Biggers lecture.

from the president

Dear Alumni and Friends:

It seems like only yesterday that I wrote my first president's message for the UNC Medical Bulletin and it is now time to write my last. It has been an honor and a privilege to serve as the president of our Alumni Association and to represent you at many medical school activities. This past year will be remembered as a highlight of my life.

As I reflect on the last 12 months I am reminded of UNC alum Charles Kuralt's question, "What is it that binds us to this institution like no other?" I feel certain that there will be a number of different answers from those who read this. For me it is an overwhelming sense of gratitude and debt towards our medical school. If it were not for the education I received there I would have missed many of the rewarding experiences I have had over the past 49 years both professionally and personally.

We are fortunate to be alumni of one of the leading medical schools in the country. It is an institution that has grown steadily since it became a four-year school in 1952. There are a number of reasons for this but one of the more important ones has been its leadership over the years. We have been blessed with outstanding deans from Reece Berryhill, Ike Taylor, Chris Fordham, Stuart Bondurant and Michael Simmons to Jeffrey Houpt. Each has made significant contributions and most served longer than the national average of two years for a dean.

As all of you know, Dr. Houpt has decided to step down after leading this institution for seven years. I would like to take this opportunity to thank Dr. Houpt for his remarkable leadership. He has been true to the mission of the school and he leaves us in a strong position as a national and international leader in medicine.

I also would like to be one of the first to welcome his successor William L. Roper, MD, MPH, as he assumes the roles of dean of the School of Medicine, chief executive officer of UNC Health Care and vice chancellor for medical affairs at UNC. He brings with him a reputation as one this country's most distinguished health-care professionals. We are fortunate to have him as our dean as we move forward.

I know it is my strong personal feeling of debt that has compelled me to give of my time and effort to this school over the past fourteen years as national chairman of the Loyalty Fund. To date, at least 50 percent of our alumni have expressed these same feelings by giving to the medical foundation and loyalty fund. As always, I wish it were more. It is a feeling that I will never be able to repay what was given me. It is the feeling that binds me to this medical school like no other.

Again, let me say thanks for this wonderful year.

Sincerely,

John W. Foust, MD '55

CME/Alumni Calendar

April 16-18 – Chapel Hill
Spring Medical Alumni Weekend

April 17-18 – Chapel Hill
Review and Update of GI and Liver Pathology for the Practicing Surgical Pathologist

April 30-May 2 – Chapel Hill
Update in Gastroenterology and Hepatology

May 5 – Chapel Hill
HIV Care 2004

June 5 – Chapel Hill
Medicolegal Seminar

June 10-11 – Chapel Hill
Lipid Management

June 17-20 – Amelia Island, Fla.
Carolina Refresher Lecture

July 15-18 – Amelia Island, Fla.
Heart Failure Management

Sept. 11 – Chapel Hill
Alcohol & Substance Abuse Conference

Sept. 16-17 – Chapel Hill
Lipid Management Training Program

October 29-30 – Chapel Hill
Fall Medical Alumni Weekend

Nov. 11-12 – Chapel Hill
Lipid Management Training Program

Nov. 19-21 – Chapel Hill
Psychiatry Across the Ages
Ham Symposium

For more information, go to **www.med.unc.edu/alumni and www.med.unc.edu/cme.**

Estate Planning Notice

Many individuals would like to make a major gift to the UNC medical center, but cannot commit current assets for such a purpose. Through a will, however, anyone can make a more significant gift than they might ever have thought possible by designating a specific sum, a percentage, or the residue of their estate for the benefit of the medical center.

To provide a bequest, simply include a paragraph in your will naming The Medical Foundation of North Carolina, Inc. as a beneficiary. For example:

"I give, devise and bequeath (the sum of $_____) or (_____ % of my estate) or (the residue of my estate) to The Medical Foundation of North Carolina, Inc., a 501(C)(3) created to maintain funds for the UNC medical center with principal offices located at 880 Airport Road, Chapel Hill, North Carolina."

This language creates an unrestricted bequest for use by the medical center when and where the need is greatest, or you may specify that your gift be used for a particular purpose.

For further information on bequests, contact Jane McNeer at (919) 966-1201, (800) 962-2543, or jmcneer@email.unc.edu.

Nonprofit Organization
U.S. Postage
PAID
Chapel Hill, NC
Permit No. 24

PERIODICALS
HEALTH SCIENCES LIBRARY
CB 7585
CAROLINA CAMPUS

What it was like to be Ronald Reagan's doctor

Summer 2004

UNC Medical Bulletin

A publication for alumni and friends
of the University of North Carolina at Chapel Hill School of Medicine and UNC Health Care

WHAT A MILESTONE!

The Class of 1954, the first four-year class in the School of Medicine's history, gathers 50 years later. What was medical school like then? And what are some of these surviving classmates up to now?

PLUS! The School of Medicine's 125th anniversary

from the dean

Dear Alumni and Friends:

I am very pleased to write at a time of great significance in our school's long and distinguished history. This year marks two important anniversaries: the 125th anniversary of the beginning of medical education at the University of North Carolina, in 1879; and the 50th anniversary of the graduation of the first four-year MD class, in 1954. Our 2004 graduates, as the 50th class to graduate since the four-year program, are joining this proud tradition, as have all our alumni who went before.

The fact that the UNC School of Medicine is the oldest medical school in North Carolina says much about our enduring excellence, our dedication to our mission, and our ability to meet and overcome challenges as they arise. This issue of the UNC Medical Bulletin is full of stories of graduates who have truly made a difference in their world, exhibiting in their work the same intelligence, diligence and commitment that made them great Carolina students. Their work is a testament, as well, to the quality education and training they received. As we look forward, our way is lit by the brilliance of our past successes and current strengths.

At the same time, much is changing in the field of health care, higher education, and society at large. Our state's demographic make-up and economic foundations alone have changed dramatically in the last 10 years, to say nothing of 50 or 125 years. Graduates of 50 years ago faced very different choices about how to fulfill their callings as physicians, and the contexts in which they worked varied significantly from those our graduates can expect today. Rising health care costs, market pressures, and a tightening of the federal health care budget are just a few of the changes in the world of health care today.

The School of Medicine must prepare its newest graduates to meet these challenges. We have the capacity to do this, particularly with the help and support of our alumni and friends, which we have enjoyed over the decades. As we celebrate the accomplishments of this fine institution over the next several months, let us honor its worth and the legacy we would like to leave behind.

In spite of all the change, the fundamental reasons people choose to become physicians do not vary. The belief that that working to secure and promote health is the right and noble thing to do, and the aspiration to fulfill that belief, are carried on from person to person, age to age. As times change and challenges come upon us, let us look back with pride and look forward — to a bright future — with hope and dedication.

Sincerely,

Bill Roper

William L. Roper, MD MPH
Dean, School of Medicine
Vice Chancellor for Medical Affairs
CEO, UNC Health Care System
The University of North Carolina at Chapel Hill

contents

COVER STORY
'A Good Investment in Us' 2

FEATURES

Dr. Russell gets a second chance 8

Recording history 11

A long look back 12

With an eye to the future 14

'My 15 minutes of fame' 16

UNC Bone Marrow and Stem Cell Transplantation Program 18

The great connector 20

DEPARTMENTS

From the Dean . . . . . Inside Front Cover

Alumni 17

Special Events 22

Research 25

Faculty 28

News 30

Development 34

From the President . . . . . Inside Back Cover

CME/Alumni Calendar . . . . . Back Cover

page 2

page 8

page 12

on the cover

Members of the Class of 1954 – the first graduates of the School of Medicine's four-year program – gathered in April for their 50th reunion.

(Cover photo by Brian Strickland)

The UNC Medical Bulletin is published four times annually by the UNC-Chapel Hill Medical Alumni Assocation, Chapel Hill, NC 27514. Postage is paid by the nonprofit association through U.S. Postal Permit No. 24. Address correspondence to the editor, Office of Public Affairs & Marketing, School of Medicine, CB#7600, University of North Carolina, Chapel Hill, NC 27514.

Medical Alumni Association Officers

President
George W. Cox, MD '66
Atlanta, GA

President Elect
William M. Herndon Jr., MD '81
Charlotte

Vice-President
Theodore C. Kerner, MD '85
Lewisville

Secretary/Treasurer
Cliff Patterson, MD '85
Raleigh

Editorial Staff

Karen McCall
Vice Pres. Public Affairs & Marketing

Lynn Wooten
Editor, Asst. Dir. Public Affairs & Marketing

Dick Broom, Bernadette Gillis, Tom Hughes, Leslie H. Lang, Tom Maltais and Rebekah Temple
Contributing Writers

Brian Strickland, Rebekah Temple and Brad Wilson
Photographers

'A good investment in us'

Fifty years after they became the first graduates of UNC's School of Medicine, many classmates are still giving back to their profession and their state.

Stories by Dick Broom

Dean Reece Berryhill liked to remind the class of 1954 – the UNC School of Medicine's first four-year class – that what they were paying for their medical education didn't come close to covering its actual cost. Since the state was heavily subsidizing their education, he told them, they owed the people of North Carolina a large debt.

The class of '54 has long since settled that debt.

Not even Dean Berryhill could have imagined that so many class members would make such enormous contributions to health care. And even now, 50 years after earning their medical degrees, members of that class are still making a difference.

Here is a brief sampling of what some of those classmates have done since their medical school days at UNC and what they're up to now.

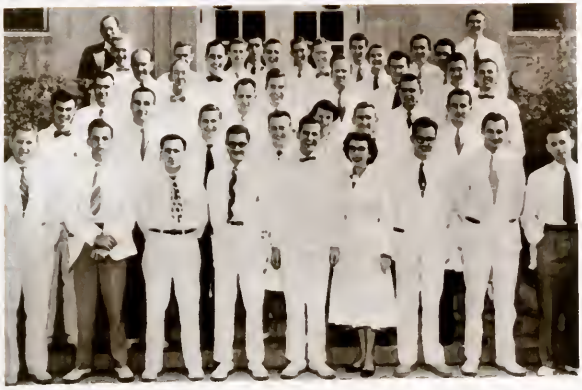
Still practicing medicine

Robert "Bob" Jones Sr., MD '54, spends every Monday, Tuesday and Thursday seeing patients at Jones Family Practice in Shelby, where he has practiced for 47 years. Many of the babies he delivered before giving up obstetrical work in 1970 now have children and grandchildren of their own, and Dr. Jones takes care of them all. He no longer takes night or weekend calls, though, leaving that to other family doctors in Shelby including two of his sons.

Stephen Jones is in practice with his father and two other physicians. Stephen's wife, Mary, and his brother, Robert Jones Jr., are with Cleveland Family Practice.

Sara Hoyt, MD, one of only two women in the Class of 1954, greets Charles Fulghum, MD, left.

Photos by Brian Strickland



The official class photo.

Each year, students from the state's four medical schools spend time with Dr. Bob Jones and his colleagues.

"I really enjoy that," he said. "They are so enthusiastic, and they're not afraid to ask questions. They keep us on our toes."

Dr. Jones has served as chief of staff at what is now Cleveland Regional Medical Center. He was president of the Cleveland County Medical Society, and he chaired the board of the county health department.

Occasionally, when he isn't working, Dr. Jones flies his wife, Mabel, to Myrtle Beach, S.C., for lunch. He owns a six-passenger Cessna, which he also uses for vacations and trips to medical meetings.

Virgil Wilson, MD '54, is still practicing, too. Two or three days a week he drives from his home in Winston-Salem to Statesville, where he is an anesthesiologist with Iredell Head & Neck Surgical Center.

Dr. Wilson began his career in family medicine, practicing for about a year in Winston-Salem. For the next six years, he was medical director for a large defense contractor. It was a good job, but it involved more management and less hands-on medicine than he wanted. So, in 1966, at the age of 39, he returned to Chapel Hill for a residency in anesthesiology.

He worked at Pitt Memorial Hospital in Greenville, at Forsyth Memorial Hospital in Winston-Salem, where he was chief of anesthesiology for five years, and at Winston-Salem's Medical Park Hospital. He retired in 1992.

"I stayed retired for about three months," he said. "Then the ENT surgery center in Statesville called and said they needed some help. I thought I would probably be there six months, but I'm still there and still enjoying it."

One of his sons is an ENT surgeon in Washington state.

Retirement didn't last

Malcolm "Mac" Fleishman, MD '54, may hold the class record for retirement attempts. He has tried it four times. He practiced internal medicine in Fayetteville from 1958 until 1993, then worked at Womack Army Hospital at Ft. Bragg for six years.

"I got too old for all the night and weekend calls," he said. "Working with the army, I didn't have to deal with that, but I could still care for patients."

After retiring from Womack, Dr. Fleishman worked part-time with the Cumberland County health department for two years and then another two years, until a few months ago, as a volunteer research assistant at Cape Fear Valley Medical Center. His son, Samuel Fleishman, MD, directs the hospital's sleep disorders program.

"My job was looking at data my son had gathered on his patients," Dr. Mac Fleishman said, "trying to learn more about medications used to treat sleep disorders."

All three of Dr. Fleishman's children are physicians. Lawrence Fleishman, MD '82, is an internist in Charlotte. Kenneth Fleishman, MD, is a child psychiatrist in Atlanta.

Several members of the class of '54 served in the military before entering medical school. Others went into the military following their internships. Dr. Fleishman spent two years at the Army Medical Research Laboratory at Ft. Knox. Then, as part of a fellowship in renal disease, he helped set up the artificial kidney unit at Duke University Hospital. Although he enjoyed academic medicine, he chose to establish a solo practice in Fayetteville.

"I had grown up here, and my family was here; I felt a responsibility to come back," he said. "I had the privilege of treating people who had been my teachers in grammar school and high school, to give back to them a little bit."

He recalled that, in the days before Medicare and Medicaid, physicians routinely provided free care for people who had neither health insurance nor the means to pay.

"We felt it was our responsibility to take care of those less fortunate in terms of health and less fortunate in terms of economic status," he said. "That was our job."

During his first three years in practice, Dr. Fleishman was also a clinical instructor in medicine at UNC.

From left, Neil Partrick, MD, J.C. Parke, MD and Ed Williams, MD are greeted by Bud Harper, MD.

Bill McLendon, MD, left, and Bud Harper, MD, look over scrapbooks about the class of 1954. ▶

H. Durwood Tyndall, MD, left, and J.C. Parke, MD, chat as Robert Jones, MD, looks on. ▼

He served as chief of medicine at both Highsmith-Rainey Memorial Hospital and Cape Fear Valley and as president of the North Carolina Society of Internal Medicine. Among community physicians, he was a leader in calling for creation of the state's Area Health Education Centers.

"I talked with Dr. Berryhill in the early '60s about the lack of continuing medical education out in the state and the need to get the University involved in the communities where we practiced," Dr. Fleishman said. He met with Dr. Berryhill and others several times over the next few years and continued to push for a UNC-based program of support for practicing physicians.

In the early 1970s, Dr. Fleishman and his wife, Ellie, established a scholarship fund in the School of Medicine in honor of his parents, S.M. and Hannah A. Fleishman.

"I remembered that some of my own classmates had struggled with financial difficulties, so we wanted to do something for deserving medical students who needed help," he said. "Now, in addition to our own sons, we have about 30 surrogate sons and daughters who are doctors."

Cornelius "Neal" Partrick, MD, was another member of the class of '54 whose first retirement didn't last long. After practicing for 30 years with Pamlico Internal Medicine Associates in Washington, N.C., he thought he was ready to take it easy.

"I lasted six months before I realized I had to find something to do," he said.

In 1990, he became an associate clinical professor of medicine at the East Carolina University School of Medicine. He taught physical diagnosis to second-year students and medicine to third-year students. He served as ECU's medical clerkship director for two years before retiring, a second time, in 1995. Earlier in his career, he served a seven-year term on the N.C. Board of Medical Examiners.

The Hartsville connection

A critical shortage of doctors in North Carolina in the 1940s, especially in rural areas, was a main reason the state expanded the program of medical education at UNC from two years to four years. It was expected that many of the new doctors who received their degrees at UNC would remain in North Carolina to improve access to good health care. So, it was surprising that Dean Berryhill encouraged several members of the class of '54 to consider practicing in Hartsville, South Carolina. Hartsville's most prominent family, the Cokers, had strong Carolina ties. William Coker was the first professor of botany at UNC (Coker Hall and Coker Arboretum are named for him), and other members of the family had studied and taught in Chapel Hill.

"The Cokers wanted people in Hartsville to have better medical care; they particularly needed specialists," recalled **James "J.C." Parke Jr. MD '54**. "Dr. Berryhill told a few of us he wouldn't suggest we leave North Carolina except in this case."

Dr. Parke and Griggs Dickson, MD, '55, established a pediatrics practice in Hartsville in 1960. At the same time, **Edward "Ed" Williams Jr., MD '54**, began practicing internal medicine and cardiology there, and **Charles Owens, MD '54**, became the community's new obstetrician/gynecologist. Dr. Owens spent the rest of his career in Hartsville, but the others left after three years.

Drs. Parke and Dickson moved their pediatrics practice to Charlotte. In 1968, Dr. Parke began 23 years as chair of the Department of Pediatrics and director of the hospital's Pediatric Residency Training Program. He was then appointed Director of the Pediatric Research until retirement in 1997. He was on the clinical faculty in the Department of Pediatrics of the School of Medicine from 1964 to 1997 and was appointed Clinical Professor of Pediatrics. He participated in the development of the Charlotte Area Health Education Center.

"For a number of years, I drove to UNC monthly to meet with students and residents and to attend educational programs," he said. "After the AHEC program started, they would fly us to Chapel Hill for the day. That was a real bonus."

Dr. Parke founded the Cytogenetics Laboratory and Clinical Genetics Program in the Department of Pediatrics at Carolinas Medical Center in 1971 and served as its director for 20 years. He also maintained a productive program of research,primarily related to the evaluation of vaccines for

use in children. He devoted much time and effort to improving local services for people with developmental disabilities.

One of Dr. Parke's sons was born in Hartsville, is a graduate of UNC School of Medicine ('88) and a radiologist in Greenville, S.C.. His other two children graduated from the UNC system in Greensboro and Charlotte.

When Dr. Ed Williams left Hartsville in 1964, he moved to Durham. He joined an internal medicine practice and the medical staff of Watts Hospital, where his own clinical training had begun.

"UNC had used Watts for clinical training for decades," he said. "My class went over there during the latter part of our second year to hear lectures by specialists and, in small groups, we would examine patients."

As a practicing physician, Dr. Williams taught physical diagnosis to UNC students at Watts, and he coordinated the UNC clinical training program there for a number of years. He admits having taken a special interest in one particular student: "I taught my daughter physical diagnosis when she was a second-year student."

His daughter, Princess "Penny" Williams, MD '83, was an infectious disease specialist at the University of Pittsburgh before starting a family.

Dr. Ed Williams served as chief of medicine at Watts for five years in the early 1970s. In 1971, he and a colleague at Duke founded the Duke-Watts Family Medicine Residency Program.

After retiring in 1990, Dr. Williams served on the board of the Methodist Retirement Homes for seven years including two years as chairman. Now, he enjoys having more time for golf, gardening and travel.

Blood runs Carolina blue

Stephen "Steve" Wilson, MD '54, said he never thought about going to school anywhere but UNC.

What a difference **50 years** makes!

	Class of 1954	Class of 2004	
Class size	48	153	
Gender			
Men:	46	79	
Women:	2	74	
Race / Ethnicity			
White:	48	115	
Other:	0	38	
		African-American	16
		East Asian:	11
		Indian & Pakistani:	7
		Hispanic:	2
		Native American:	1
		Unreported:	1

Tuition & Fees

1954:

N.C. Residents — $770 (4th year) – Four-year total: **$3,637**

Out-of-state — $1,370 (4th year) – Four-year total: **$6,037**

2004:

N.C. Residents — $5,936 (4th year) – Four-year total: **$31,276**

Out-of-state — $32,416 (4th year) – Four-year total: **$134,150**

Curriculum

Although the content of the courses has changed – radically, in some cases – the subjects studied by medical students in 2004 were, for the most part, the same as those offered in 1954. However, there have been some major revisions in the curriculum. For example, students in 1954 didn't take courses in pediatric genetics, geriatric medicine, epidemiology or pre-clinical informatics.

"I was always a Carolina man. Only Yankees went to Duke."

Dr. Wilson had planned to become a surgeon, but a year of training in pathology changed his mind. He spent most of his career as a pathologist in Knoxville, Tennessee, first at St. Mary's Hospital and then at Park West Medical Center, a division of Presbyterian Hospital.

Although he loves living in Knoxville, he said, "My blood still runs Carolina blue."

He retired in 1997, but instead of spending more time playing golf, he gave up golf for something he enjoys more.

"I restore photographs and do art-quality prints of photographs I've taken on my travels," he said.

Dr. Wilson and his wife, Barbara, have traveled extensively, including to China in 1982 and Antarctica in 1998.

When **William "Bill" Weinel, MD '54**, was chief resident in OB/GYN at North Carolina Memorial Hospital in 1958, the state OB/GYN Society gave him $100 to go to a medical conference in New Orleans. At one of the sessions, he sat beside George Johnson Sr., MD, from Wilmington. (His son,

Fred Sanders, MD, and J.C. Parke, MD, check out historic class photos.

125: A fond look back at **'our epic challenge'**

When the UNC School of Medicine was founded 125 years ago, "medical education was just beginning to emerge from medieval conception," wrote Isaac Hall Manning Sr., MD, in his history of the school's first six decades. Dr. Manning was dean from 1905-1933.

"The dawn of medicine as a science was just beginning to break," he went on, "and its relation to the fundamental sciences, chemistry, physics, and biology, was still largely in the realm of imagination."

On February 12, 1879, the executive committee of the UNC Board of Trustees established the medical school on the recommendation of President Kemp Plummer Battle. President Battle may have been influenced in this by the career aspirations of his son. Among the original class of nine medical students in 1879-80 was Kemp Plummer Battle Jr.

The medical school branch in Raleigh from 1902-10.

The new medical school began as a modest enterprise, providing students with a foundation for further education. President Battle wrote that the school's purpose was "to prepare students for attendance on lectures of leading medical colleges."

The architect of the first medical education program in Chapel Hill was Thomas W. Harris, MD, an 1859 honors graduate of the university who had grown up in Chatham County and had been a captain in the Confederate army. Dr. Harris received his medical degree at the University of New York and studied for two years at the Ecole de Medicine in Paris.

He was appointed the first professor — of anatomy — and first dean of the UNC School of Medicine. To complete the faculty, he enlisted A. Fletcher Redd as professor of general and analytical chemistry and Frederick W. Simonds as professor of physiology and botany. Yes, botany. The study of plants and their medicinal properties was the precursor of pharmacology.

Dr. Harris taught anatomy and materia medica to first-year students. He taught those same subjects plus "the practice of medicine" in the second year. Curiously, in his teaching role, Dr. Harris received no salary. Instead, he was "entitled" to charge students $50 a year to take his classes.

The university catalog for 1879-80 assured prospective students they would get their money's worth: "Special attention will be given to practical instruction in anatomy, by the dissection of human subjects, and by the use of models, of which Dr. Harris has a good supply made by the celebrated Dr. Auzoux of Paris.

"For those students who have a sufficient knowledge of anatomy," the catalog continued, "there will be a course of instruction in the operations of surgery, in which they will have an opportunity of making the operation for themselves on the dead body."

Gross Anatomy in the great outdoors.

George Johnson Jr., MD, CMed '50, is a retired professor of surgery at UNC.)

"We had talked on the phone several times because he referred patients to us, but we had never met," Dr. Weinel said. "He asked me what my plans were, and I told him I was considering several offers. He encouraged me to take a look at Wilmington before I decided."

Dr. Weinel visited Wilmington, liked what he saw and went into practice with Dr. Johnson. Twenty years later, in 1978, he gave up obstetrics and continued gynecology and gynecological oncology. He retired in 1992.

Dr. Weinel was a leader in generating public support for building what is now New Hanover Regional Medical Center, and he served as chief of OB/GYN there for several years.

Dr. Weinel recalls that the topic of the lecture he attended with Dr. George Johnson Sr. in New Orleans in 1958 was "indications for performing a Caesarian."

"The indications were a lot different than they are now. Today, if the patient has insurance, I think that's an indication," he said, half joking. "We didn't believe in high Caesarian rates back then."

These days, Dr. Weinel enjoys playing golf and traveling with his wife, Robbie. They have three children, none of whom are doctors.

"They didn't want to be," he said. "They saw their daddy work too hard."

A good investment

Every UNC School of Medicine class includes remarkably bright and talented students who go on to make great contributions to their patients, their communities and their profession.

In this regard, the class of '54 set a very high standard.

"I believe all of us tried, and everybody in our class paid their debt to North Carolina," Dr. Fleishman said. "The state made a good investment in us."

Dr. Harris held free clinics for poor patients once or twice a week, where he allowed students to observe and, in some cases, treat patients under his direction.

Thirty-seven students studied medicine at UNC between 1879 and 1885. After receiving their medical degrees elsewhere, 29 of them returned to North Carolina to practice medicine. Dr. Manning wrote that "many of them (became) prominent in their profession, all of them useful."

Dr. Harris supplemented his modest income from teaching and serving as dean by seeing private patients.

Stuart Bondurant, MD, dean emeritus, has written that the medical school "was initially supported by the practice plan — that is, the personal medical practice of the dean. Adequate university support was not available."

The medical school closed in 1885 when Dr. Harris resigned to devote himself full-time to private practice. In Dr. Manning's history of the school's early years, he speculated on the frustrations that led Dr. Harris to leave:

"Having been trained in the French School of which the hospital was the center, (he) must have been embarrassed by the lack of clinical material in Chapel Hill, then a small village surrounded by a thinly populated countryside. The (medical school) experiment, for such it must have been to him, failed and he sought larger opportunities in the booming town of Durham."

Physicians and nurses: a familiar scene.

North Carolina had no medical school for the next five years. Early in 1889, the university's centennial year, President Battle asked the UNC Board of Trustees to establish a "special school of medicine and pharmacy." He cited "the great demand for medical and pharmaceutical education, as is proved by the number of letters received from young men desiring such training and by at least two hundred pursuing such studies beyond the state limits."

Richard Whitehead, MD, and his first anatomy class, 1890.

The medical school opened, this time for good, in September 1890 with Richard Whitehead, MD, as dean.

This year, the medical school observes both the 125th anniversary of its founding and the 50th anniversary of the graduation of the first four-year class. Taking note of such milestones is important because of the opportunities they afford to celebrate the school's achievements, reaffirm its values and pay homage to those who built and nurtured it.

Dean Bondurant, in his 1993 Norma Berryhill Distinguished Lecture, quoted a passage from the Old Testament book of Deuteronomy: "We live in houses we did not build, and we pick fruit from the trees we did not plant."

"As we understand and honor those who built the houses and planted the trees that we use," Dean Bondurant said, "it is our epic challenge and opportunity, through service, to build the houses and plant the trees for our successors."

Dr. Russell gets a second chance

UNC alum learns valuable life lessons following a heart attack and transplant

By Lisa Boykin Batts
Wilson Daily Times

Joe Russell, MD '69, didn't have any warning.

No chest pain. No shortness of breath.

Not until the morning of Jan. 22 last year, when the Wilson physician woke up in the Bahamas with all the symptoms of a heart attack.

Before the story played out, Dr. Russell was hospitalized for weeks, went into cardiac arrest numerous times and ended up with someone else's heart beating in his chest.

It's been almost a year since it all happened. And sitting in a comfortable chair by the fireplace at home, Dr. Russell explains how his life was spared and tells the three reasons he survived: the grace of God, the love of his family and the compassion of his fellow man.

"That's exactly why it is."

The Bahamas

Dr. Russell was in the Bahamas with a group of Wilson men who were on the last day of a golfing trip.

He woke up with pain in his chest and arm, nausea and fatigue. Classic symptoms of a heart attack. He didn't tell his roommate, Earl Boykin, who left without him for one last round of golf.

In the room alone, Dr. Russell debated what to do. He knew he needed help but was unsure of the care he would get in a foreign country. He feared once he was hospitalized he wouldn't have a say in where he was transferred. So he decided not to call for help but to wait until his scheduled flight touched down at Raleigh-Durham International that night.

Dr. Russell made a call to Wake Med in Raleigh and told the Heart Center staff to expect him before the night was over.

He took aspirin and used the nitroglycerin spray from his emergency medical kit but felt no relief.

Boykin returned to the room around 2 p.m. and noticed right away that Dr. Russell was sick, but Dr. Russell didn't tell him what was wrong. Instead, he told another physician on the trip, George Newsome, but asked him to keep it a secret.

Dr. Russell was getting weaker by the time the group got to the airport and needed a wheelchair to get to the plane. Flight staff wouldn't let him board if he needed a wheelchair, so despite his weakness and shortness of breath, Dr. Russell walked up the steps.

He asked a flight attendant if he could have oxygen. She told him if he needed oxygen he wouldn't be allowed on the flight. So he waited it out. Dr. Russell said he didn't panic; he had a plan and was convinced it would work.

Fifty minutes into the hour and 45 minute flight he asked an attendant to call Raleigh and request an ambulance be waiting when he arrived. He had waited until he was sure the pilot wouldn't turn around and head back to the islands. The pilot was informed of the situation, and airline staff gave him oxygen then.

Dr. Russell asked Newsome to call his wife, Sarah, and let her know what was going on.

By the time the ambulance got Dr. Russell to Wake Med, he was getting weaker and knew his blood pressure was dropping.

Doctors quickly did a heart catherization and confirmed he'd had a heart attack. A cardiologist put a stent in the critical left anterior descending artery and re-established blood flow. During the procedure, Dr. Russell's heart arrested for the first of 13 times , and he was put on a ventilator for 17 days.

"The odds of me making it through that were zero, likely," he said. "It's an absolute miracle I am here."

Dr. Russell remembers nothing of the time he was on the ventilator. "That's 17 days that are just gone."

By the time he was fully conscious, his heart function had improved some.

After a month in the hospital, Dr. Russell was released and began cardiac rehabilitation in Wilson. But by mid-April, he was sick and hospitalized again with congestive heart failure and low-cardiac output.

Cardiologists at Wake gave him medication to "supercharge" his damaged heart, hoping to increase the output, but he still had problems, and his heart arrested again.

The doctors told him his only hope was a heart transplant.

"Well, I wasn't excited about doing that," Dr. Russell said.

The transplant

Dr. Russell, 60, hesitated at first when approached about the heart transplant. He didn't want to put his family through it. But they insisted he try to save his life.

He was transferred to UNC Hospitals in Chapel Hill on Friday, April 18, 2003, and staff quickly evaluated him. Within 24 hours he was on a list for an immediate transplant.

The family once again rallied around Dr. Russell. Wife Sarah and his mother, Hester, bunked together again, just as they had for a month at Wake

Med. Joe's younger brother, Steve, often drove from Winston-Salem to be close to the family.

And Dr. Russell's former partner at the Carolina Clinic, Dr. Roger Lamana, who now lives in Chapel Hill, also kept watch.

Then they all waited for a heart.

Sarah Russell recalls a particularly bad day the following Friday after Joe was admitted at UNC. The doctors had shared Dr. Russell's bleak prognosis that "he was essentially dying," she said. If he didn't have a heart by that Wednesday, they'd have to put him on a Left Ventricular Assist Device — basically a mechanical heart.

It was raining, and Sarah and Hester left the hospital feeling a sense of hopelessness. Sarah looked up into the cloudy sky and saw the hope she was seeking.

"I said to Hester, 'Look, there's a double rainbow; maybe we're going to have a double blessing.' "

Before the day was over, the Russells' daughter Meredith Exum went into labor. Sarah and daughter Stephanie Bacon left Chapel Hill and drove to Greenville in time for the birth of the family's first grandchild, a boy they named Russell.

The new dad, Manning Exum, called Joe Russell in his room at UNC and held out the phone so the granddaddy could hear the baby's first cries.

The second blessing followed within a few hours; Joe Russell learned a heart had been found.

"The same day my grandson was born, I get a heart," he said.

On April 28, surgeons gave Dr. Russell a new heart and a new chance at life.

The surgery and recovery were textbook perfect. Dr. Russell immediately started feeling better and was released from the hospital eight days later. He's had 10 biopsies since April and none have shown rejection.

Photo courtesy of Wilson Daily Times

Dr. Joe Russell and friend, Shug. "Since I came home, she hasn't left my side."

Back home

A white Jack Russell terrier named Shug hops onto her master's lap and nuzzles against his warm shirt until she finds the right spot to take a morning nap.

Joe Russell gives the dog a pat and smiles. "Since I came home, she hasn't left my side," he said.

Shug was a gift. Just before daughter Stephanie left for her honeymoon two years ago, she handed a basket to her father. "Here Dad. Here's another daughter to raise."

Dr. Russell rubs the little dog's head while she sleeps and while he tells his story.

At the time of his heart attack, Dr. Russell said he was in the best shape he'd been in for years. He was working out three days a week and had a personal trainer. He also hunted and fished. Other than a daily aspirin, the only medication he took was for high blood pressure.

But he didn't do everything right.

"I smoked cigars, which I should not have done," he said.

He was also overweight and had a family history of heart disease. His father died of a stroke, and his brother Norman died at age 49 while jogging.

Dr. Russell also worked as many as 70 hours a week.

"We physicians think we're invulnerable to all this stuff," he said.

After his heart attack, Dr. Russell stopped smoking the cigars. He lost 60 pounds during the whole ordeal but has gained back all but 20 of it.

"I need to stop gaining," he said, smiling.

There are plenty of restrictions for transplant patients, and Dr. Russell tries to follow all the rules, including avoiding salad bars at restaurants. The family also removed live plants from the house, because of possible problems with molds and fungus in the dirt. For the same reason, he's not allowed to dig in the yard, but he can do other yard work, which he enjoys.

Dr. Russell takes at least 20 pills a day, mostly anti-rejection drugs.

And he must also stay out of hospitals because of the risk of infection from exposure to acutely ill and infectious patients.

"I'd like to visit my buddies in the doctor's lounge," he said. But he can't.

Dr. Russell, an internist nephrologist, has not returned to seeing patients, but he does stop by from time to time to help with the business end of the practice or to help Mark Randolph, the physician's assistant who joined the practice late last summer.

Partner Dr. Anwar Haidary worked double time to see all the patients in the practice.

"My office never skipped a beat," Dr. Russell said. "They took care of everything."

Right after the transplant, Dr. Russell was told not to consider going back to work for at least a year. Now that time is getting close, he still hasn't made a decision. Although he's much stronger now, he worries that exposure to more people might compromise his recovery.

"I really miss interacting with my staff and patients. You don't want to close that door."

Dr. Russell's patients were very concerned about their doctor when he got sick and made many calls to the office to inquire about his recovery.

"For several days after he had his heart attack, it was hard to get things done for answering the phones," said office manager Jan Bass, who has worked for Dr. Russell for 21 years.

Patients still ask the same question, she said: "When is he coming back?"

This past fall, the Russells were dealt another hard blow. Sarah Russell was diagnosed with multiple myeloma. Now she's the one who's losing weight and needs more assistance. Because he hasn't returned to work, Dr. Russell is able to be her caregiver.

"I think back on how she took care of me," he said.

"God saved him to take care of me," Sarah answered.

Because of the cancer treatments she's receiving, Sarah's immune system is also very weak, and she has to take many of the same precautions as her husband.

Giving back

Dr. Russell has always been supportive of the Kidney Foundation and his alma mater, the University of North Carolina at Chapel Hill and now, especially, is glad to support the American Heart Association and has agreed to be the honorary chairperson for the 2004 Wilson Area Heart Walk April 24.

Dr. Russell said being sick and taking advantage of all the technology that worked to save his life, he can see how he benefited from health foundations. All of a sudden, he was the benefactor of what they have to offer.

"You don't have any problem understanding why it's so important to support agencies, foundations, schools trying to make a better life for people," he said.

Dr. Russell encouraged others to support hospitals and the medical community locally, regionally and nationally.

"You never know," he said. "One day you may be the recipient of all of that."

New life

It would be hard to go through such an ordeal as the Russells' and not change. Joe Russell knows he has.

"I was so driven all my professional life," he said. "I'm not like that anymore. I was always looking for another hill to climb or another battle to fight."

Sarah uses almost the same words to describe the changes in her husband. "He's a lot less driven," she said. "He takes life sort of laid back, takes life as it comes."

Dr. Russell is content spending more time with his family. He visits his mother in Kinston and has taken his grandson to the family farm to introduce the baby to the horses. He's also looking forward to the birth of the next grandchild this summer.

During his recovery, he often thought about missed opportunities.

"I'd tell Sarah, we always said, one day we're going to do this, one day we're going to do that. That one day is here."

"Once Sarah's better, we're not going to talk, we will do."

This article first appeared in the Wilson Daily Times *on Feb. 28, 2004. Reprinted with permission.*

Recording history

Psychiatry's first resident puts memories to paper and recalls an important time in the department

By Crystal Hinson Miller

In 1952, the UNC School of Medicine transitioned from a two-year to four-year medical school. The Department of Psychiatry was formed, with George C. Ham, MD, as its first chair. It was an extremely exciting time for David Allen, MD, as he moved to Chapel Hill to become the first resident in the UNC Department of Psychiatry – the first in a line of many to experience the influence and teachings of Dr. Ham.

Dr. Allen was raised in Tulsa, Okla., and graduated with a Bachelor of Science degree from Northwestern University in 1945. He received his medical degree from the University of Louisville in 1948 and began his internship training at the University of Colorado Medical Center following graduation. After 15 months in the Denver Psychopathic Hospital, he was drafted back into the Army for the Korean War. It was after he was released from the Army that he was accepted for his last year of psychiatry residency at UNC.

An avid recorder of history, Dr. Allen has gathered his memories of nearly 40 years of training and practice in his memoirs, entitled *Shrink! A Freudian Psychoanalyst Speaks About His Career in Psychiatry.* Within the pages of these reflections are found numerous stories of Dr. Allen's time in each segment of his career – from UNC to the Army, to his 37-year practice in San Francisco.

Dr. Allen was a columnist for nine years in San Francisco Medicine, in which he shared many of the 5,000-plus recorded quotes from his patients in a monthly column called *"Patients Talk in a Psychiatrist's Office About…."*

David Allen, MD, and wife Sallie.

"I became aware [in practice] that almost all of my patients said striking things tossed off in passing, but as neatly phrased and feeling as anything that Rimbaud, Mencken, or novelist Thomas Wolfe might say," Dr. Allen writes in *Shrink!* "I let a lot of phrases go by, but there seemed to be an endless supply. And I found that other people liked the quotes nearly as much as I did. If, however, I tried to edit them a bit I found that what the patients had said couldn't be said any better – as if when you say something with true emotional meaning you get it right the first time."

Dr. Allen is now retired clinical professor emeritus in Psychiatry at the University of California San Francisco, where he was in practice for nearly 40 years. His past presidencies include the San Francisco Medical Society and the University of California San Francisco Association of Clinical Faculty. He has published five book chapters and over 150 articles or columns, in addition to his book, *The Fear of Looking.* He served as a delegate to the California Medical Society for over 15 years, and with his wife received the 1990 Award for "outstanding service to the medical-political action movement," the first time such an award was given to a physician and his spouse as a couple. He and his wife, Sallie, reside in San Francisco.

Excerpts from a life

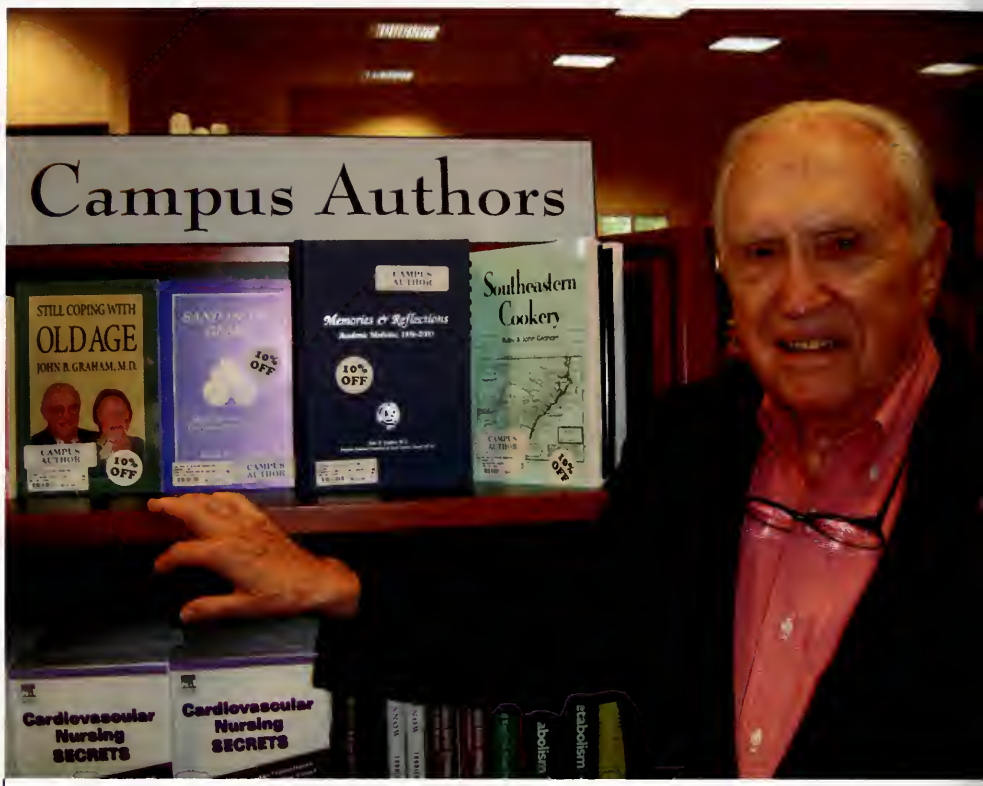
In his memoirs, Dr. Allen shares his excitement of being at UNC during such an important time in the school's history. Dr. Ham, he writes, was a leader in his field and was an excellent teacher, passing on his philosophies to his students. Dr. Allen's memoirs also lend insight into stories about the department and its history that might otherwise have been forgotten:

George Ham was only 39 when he had become chairman of the Department of Neurology and Psychiatry in the Medical School at the University of North Carolina in Chapel Hill. He was a brilliant analyst who had gathered around him several other really good psychiatrists, including Ted Frank, David Hawkins, and Harley Shands. George's excellence in teaching came across when you presented a case to him: he would always make good sense out of it. He was an interesting man socially, as well, and it meant a lot to my wife Sallie and me that we became good friends with George and Sally Ham. [He was] my teacher and a great influence on me.

–From *Reflections on George Ham*

Upon my arrival, coincidentally only several months after the 1950's Brown vs. Board of Education Supreme Court decision that separate educational facilities are inheritantly unequal, the finishing touches were taking place on the hospital wing housing psychiatric patients where both students and staff would be working. When George Ham realized that there would be separate restrooms for black students and staff and white students and staff he said there would not be that separation in the Department of Psychiatry section of the hospital and the rest of the hospital followed his example and Ham's leadership and forthrightness won the day. All patients were seen and studied by both black and white students and I found just one more reason to be impressed that I had been accepted to work with George Ham.

–From *Reflections on the Department Atmosphere in the Early 1950s*



Dr. Graham has produced six books: Sand in the Gears: How We Won WWII *recounts his military experience.* How it Was *is a history of pathology at UNC.* Memories & Reflections *is a collection of Dr. Graham's essays published in medical literature from 1958-2000.* Coping With Old Age *and* Still Coping *offer personal and practical suggestions for elder care. And* Southeastern Cookery *is a collection of recipes co-authored with his wife, Ruby. These volumes are available through the UNC Health Affairs Bookstore.*

A long look **back**

At 86, John Graham, MD, has many memories of his time in medical school, World War II and how he helped shape the School of Medicine's future

By Leslie H. Lang

UNC School of Medicine history is no stranger to John Borden Graham, MD '40. In conversations with him, one soon discovers how fresh the recollections seem, how detailed the anecdotes. During an academic career rich with accomplishment as scientist, teacher, administrator and humanitarian, Dr. Graham helped shape the school's future.

A graduate of Davidson College, the Goldsboro native entered the School of Medicine in 1938 at age 20. This was a two-year basic science curriculum, managed by about 20 faculty members for 60 students.

In that year, Caldwell Hall on the main campus contained the entire medical school and the new School of Public Health. Dr. Graham's class was unique in that its second year was spent in a new building on Columbia Street, in what is today MacNider Hall.

A major attraction of the old medical school was its low cost. "Superior and affluent undergraduates entered Ivy League schools directly," Dr. Graham said. "Those who were not affluent could save several thousand dollars by attending UNC for two years, then transferring to the third year of an urban school having affiliated hospitals."

Among the medical faculty now synonymous with UNC, were James Bullitt and Russell Holman (pathology); William de Berniere MacNider, (pharmacology); Isaac Manning (physiology); Walter Berryhill and Edward

Hedgpeth (physical diagnosis); James Andrews (biochemistry); Daniel McPherson (bacteriology); and Milton Rosenau (community health).

"Research grants were unknown in those days, except for a few Rockefeller and Markle Foundation grants," Dr. Graham recalled. "The NIH as we know it today is a postwar phenomenon."

"Postwar" refers to World War II, and in May 1945 Capt. John B. Graham was assigned as surgeon of the 2nd Battalion of the 307th Infantry, 77th Infantry Division, then engaged in the battle of Okinawa.

He tells us there is an irony here. Having sought to avoid infantry duty by enlisting as a physician, Dr. Graham soon learned that the battalion surgeons of the U.S. infantry and Marines in that war were the most forward-placed of all doctors.

When the war ended four months later, Dr. Graham served in the Japanese Occupation for another year. He had joined the Army hoping to use his two full years of Cornell pathology training to further the war effort. But at war's end he reckoned that only three of his 26 months of service had been spent as a pathologist.

"I had been a surgeon in hospitals and in the field, occupied foxholes under fire, run a bacteriology laboratory, built and operated a prophylactic station for my battalion in Japan, been in charge of the venereal disease ward of a station hospital, censored mail, cut hair, qualified as a driver of all unarmored Army vehicles up to 2-ton trucks, and many other things far removed from pathology," he said. "But I learned a great deal about how ordinary men 'live and move and have their being.' "

Dr. Graham returned to Chapel Hill and joined the medical faculty's embryonic Department of Pathology in 1946. At the time, he thought seriously about studying the kidney. But the arrival of Kenneth Brinkhous as new department chair in that same year changed his mind, Dr. Graham said. "He was well known for his research in blood coagulation and he encouraged me to enter his field. And I did."

Drs. Graham and Brinkhous were colleagues for nearly five decades. Those years in Chapel Hill saw seminal achievements in coagulation research that helped revolutionize the field of bleeding disorders, including hemophilia: the Partial Thromboplastin Time test, purification of factor VIII from plasma, and the discovery of the Stuart Factor, or Factor X.

It is this 1957 co-discovery of Factor X, a key enzyme within the coagulation cascade, that Dr. Graham, author of more than 250 scientific publications, considers one of his most important research achievements. Named originally for Rufus Stuart of Ashe County, one of Dr. Graham's patients, activation of the enzyme has proved to be the key step in blood coagulation.

Also in 1957, he co-discovered a gene on the X chromosome that's involved in kidney physiology.

From 1976 to 1987, Dr. Graham served as director of the division of research in thrombosis and hemostasis. He regards his most important contribution the recruitment of scientists in immunology, cell biology and molecular biology.

At UNC, Dr. Graham was among the first to perceive the important role medical genetics would play in understanding human disease. He was a founder of the genetics curriculum, initiating the first formal course in genetics in 1954 and serving as curriculum director from its start in 1963 until his retirement from the full-time faculty in 1985.

Graham Society recognizes notable student achievement in medical research

Founded 36 years ago and supported by the alumni Loyaty Fund, the John B. Graham Student Research Society continues to recognize outstanding student achievement in medical research, create and promote student interest in clinical and basic science and in other medicine-related research areas, and to coordinate opportunities for students to present their research to their peers, faculty and staff.

The Annual Student Research Day in January commenced with the Ralph R. Landes Lecture, "The New Normal in Public Health: Globalization, Connectivity, and Speed," given by Dr. Julie L. Gerberding, director for the Centers for Disease Control and Prevention.

Dr. Graham served as chair of the Genetics Training Committee of the National Institutes of Health in the late 1960s and early 1970s, helping to establish the pattern of training in genetics in the nation's top universities. He also served as secretary and president of the American Society of Human Genetics.

He was named Alumni Distinguished Professor of pathology in 1966 and was Associate Dean of Medicine for Basic Sciences from 1968-1970.

New faculty to the medical school often say they are attracted to Chapel Hill by its collegiality, its interdisciplinary openness. Dr. Graham influenced and nurtured the development of this much admired campus atmosphere when he coordinated the Interdepartmental Graduate Programs in Biology, beginning in 1968. "My aim was to de-Balkanize the university's many departments involved in biology by enhancing their interactions," he said.

But his long and distinguished career at UNC extended beyond the medical school. His administrative skills and an interest in human population problems led to Dr. Graham's recruitment by Chancellor Sharp in 1964 to develop a university-wide program of population studies. This led to the establishment of the internationally renowned Carolina Population Center, which Dr. Graham chaired from 1964-67 and later as secretary of its policy board.

Among Dr. Graham's many honors are the university's O. Max Gardner Award, honoring him as "creative investigator, stimulating teacher and perceptive leader." In 1985, the internationally recognized expert in blood coagulation, genetics and human population dynamics was selected as the first Norma Berryhill Distinguished Lecturer.

In an address delivered at the Medical College of Georgia and subsequently published in the *North Carolina Medical Journal*, Dr. Graham remarked on "The Acceptance of Death – Beginning of Life." He confessed that "since 1944 I have lived each day as though it was my last, because I know that one of them is going to be my last… Things that were formerly important have become trivial. The mask that I hide behind has been discarded and I can try to be myself."

Today, at age 86, clear of mind, open of heart, Dr. Graham's life remains rounded by attention to "the details of each day and what it holds, and an interest in other people and their perplexities."

With an eye to the future

From the clinic to the lab, Dr. Goldberg gives hope to cancer patients

By Bernadette Gillis

Very early in his career Richard Goldberg, MD, felt that cancer patients were underserved. Today he is doing his part to better serve not just the cancer patients he sees in the clinic but also those he may never have the chance to meet. Thanks to Dr. Goldberg's commitment to research, many cancer patients will have the chance to look forward to better treatments and, maybe, one day a cure.

Since taking on the duties of chief of Hematology/Oncology and associate director for clinical research at the UNC Lineberger Comprehensive Cancer Center in June 2003, Dr. Goldberg has been working to make sure UNC provides the best care to cancer patients while promoting the research of faculty members. He said it was UNC's dedication to both clinical and research programs that enticed him to join the faculty.

"I liked the leadership's vision to build a clinical cancer program to complement the basic science research that is already going on at Lineberger," he said.

Part of the vision at UNC includes building a new N.C. Cancer Hospital in 2009. Dr. Goldberg's role would be to serve as medical director. Even though construction of the new building is dependent on whether the hospitals receive funding from the state of North Carolina, Dr. Goldberg said he is working with other administrators and architects to fine-tune plans for the new hospital. "We will be recruiting the best faculty over the next five years," he added. "We're working hard to continue the research that has been done here over the years."

One area that researchers will focus on over the next few years is developmental therapeutics, Dr. Goldberg said. Developmental therapeutics involves doing research to find new treatment programs for cancer.

"Experiments are done in human tumors, either in petri dishes or in animal models, and you try to establish whether combinations of drugs are additive, antagonistic or synergistic," he said. "Synergistic means if you combine the two drugs together you kill more tumor cells than you would expect by giving them one after another. When you see that sort of activity in these pre-clinical systems then it's worth it to try these things in people."

Photos by Brian Strickland

Researchers at UNC already have made progress in developing a new treatment for myeloma, a hematologic cancer. They conducted tests on animal systems and in petri dishes to show the effects of the drug PS341, commonly called Velcade. The drug was then tested on humans. The first patient ever to respond to this drug was treated at Lineberger. Eventually this research led to the approval of Velcade as a treatment for myeloma.

"This was a neat example of bench to bedside," Dr. Goldberg said. "Within a pretty short time frame – five years – the drug went from the lab to being approved for treating patients."

Aside from promoting the interests of researchers at Lineberger, Dr. Goldberg is also working on his own research projects. His focus is on the treatment of gastrointestinal cancers, particularly colorectal cancer.

In one study Dr. Goldberg researched inherited syndromes of patients and their family members who were predisposed to develop GI cancers. "We showed

that patients with a particular inherited form of colon cancer called Lynch syndrome have a better prognosis and are less likely to be helped by chemotherapy than patients who have colon cancer but don't have this syndrome."

Another study that Dr. Goldberg ran had significant results for patients with colorectal cancer. The study, which involved 1,700 patients, led to the approval of the drug Oxaliplatin. "The drug improved the outcomes for patients with advanced colon cancer, a lethal disease," Dr. Goldberg said. "Survival rates went from about 15 months to 19 months, which is a fairly big improvement for one new drug."

The results of such studies offer patients new options for treatment, Dr. Goldberg said. "One of the exciting things about Oxaliplatin is that the responses patients get are pretty dramatic in some cases. It can allow patients to have their cancer removed surgically. Some of those patients can be cured. Curing patients with colon cancer that has already spread to other organs was something we couldn't even talk about five years ago."

And patients have even more to look forward to in terms of treatment options. Over the next few decades some of the major advances in cancer research will include computerized treatment planning, improved surgical treatments and new classes of targeted drugs, Dr. Goldberg said.

Improvements will be made in radiation treatment for patients with cancer. "Computerized treatment planning will allow physicians to really target the cancer and spare the other tissues around it."

There also have been advances in surgical treatments. "Over time laparoscopic surgery for colon cancer will become more common," he said. "The smaller incisions will allow for quicker recovery time and better results."

Dr. Goldberg added that new classes of drugs that are more targeted will become more important over the years. "We've already seen the approval of two new drugs that are targeted treatments for colon cancer."

The drug Avastin attacks new blood vessel growth in tumors. Erbitux is a drug that targets a receptor on the cell surface of colon cancers.

"It's an exciting time to be a cancer researcher because we're making progress in bigger increments than we've been used to over the years," Dr. Goldberg said.

This promising outlook for cancer treatment is quite different from when Dr. Goldberg first began practicing medicine. "Cancer patients were a relatively underserved population at that point," he said. "Not a lot of doctors wanted to go into oncology. When you're doing your training, you learn to take care of sick people. Many physicians who go into primary care end up taking care of well people. I preferred to take care of people who were sick and needed a lot of help."

Dr. Goldberg, right with Shelton Earp III, MD, director of the UNC Lineberger Comprehensive Cancer Center.

Richard M. Goldberg, MD

Hometown: Utica, N.Y.

Education: Harvard University, BA cum laude in biology; Upstate Medical Center, MD; Emory University Hospitals, resident in Internal Medicine; Georgetown University, Medical Oncology Fellow.

Wife: Lynda Goldberg

Children: Julia, 18; Sam, 16

Personal interests: fly fishing, jogging, cycling, gardening, watching Sam play soccer

Over the years Dr. Goldberg has worked to help cancer patients both in the clinic and in the lab. He has held positions at institutions such as the Geisinger Medical Center and Clinic in Danville, Pa., and the Mayo Clinic in Rochester, Minn.

Since coming to UNC, Dr. Goldberg's work has been well received by other faculty members. "He is already heavily involved in strengthening our clinical trials program as well as improving the clinical care structure," said Shelton Earp III, MD, director of the UNC Lineberger Comprehensive Cancer Center and professor of Medicine and Pharmacology. "He's an active clinician himself and that gives him an important perspective on how we can take an excellent clinical care system and make it even better.

"Richard is one of few people in the last decade whose colon cancer research actually changed the practice of medicine. Needless to say, we were extremely pleased when this rising national star in clinical research accepted the offer to come to UNC."

Marschall S. Runge, MD, PhD, chair and Marion Covington Distinguished Professor of Medicine, said he also feels UNC will benefit greatly from Dr. Goldberg's leadership. "Dr. Goldberg brings to UNC an international reputation as a clinician and clinical investigator and an unerring commitment to excellence in these areas. We were most fortunate to be able to recruit Dr. Goldberg to UNC and it was truly a collaborative effort between the UNC Lineberger Cancer Center, UNC Hospitals, the School of Medicine and the Department of Medicine."

Dr. Runge added that an internationally renowned oncologist made this comment about Dr. Goldberg to him in a letter: "I think that it would be entirely appropriate for you and your department to send a small donation to the Mayo Clinic Foundation in thanks for their shortsightedness in not retaining him and in gratitude for his arrival at the University of North Carolina."

'My 15 minutes of fame'

UNC physician recalls his involvement in President Reagan's colon cancer surgery

Editor's note: Dale W. Oller, MD, a professor with UNC's Wake AHEC program, was a surgeon at the Bethesda Naval Hospital in 1985, when President Ronald Reagan was diagnosed with colon cancer and underwent surgery there. For obvious reasons, this was quite an experience. For example, it was Dr. Oller who had to determine when the effects of President Reagan's anesthesia has sufficiently worn off so that he could resume his official powers.

Upon President Reagan's recent death, Dr. Oller recounted his days as one of the president's physicians.

By Dale W. Oller, MD

The pop artist Andy Warhol is credited with the quip, "Everyone is famous for 15 minutes." I guess my 15 minutes came during a brief encounter with President Ronald Reagan during his battle with colon cancer in 1985.

Photo courtesy of Dale Oller

Dr. Oller greets his famous patient.

Most of the events around President Reagan's colon cancer case were overdescribed by the media at that time – a slight delay before colonoscopy so he could go to Japan on official business and the usual unsolicited, somewhat unprofessional discussions about the implications of carcinoma found in the villous adenoma after the removal of the president's right colon.

As chief of General Surgery at Bethesda Naval Hospital, it was my honor and responsibility to care for a number of well-known people. This hospital, at the National Naval Medical Center in Bethesda, Md., has a presidential suite and VIP accommodations that make it uniquely available for this purpose. In-and-out examinations and procedures were frequent. White House and Capitol physicians and their respective staffs assisted their patients in this process.

President Reagan's colonoscopy on July 12 transitioned seamlessly through to the decision for exploration and colectomy. When the lesion was described and the recommendations made for surgery after colonoscopy, both the president and Mrs. Reagan declined further discussion and consultation. He stated clearly that he wished not to repeat the bowel prep and to proceed "the sooner, the better" to surgery.

I quickly assembled a team: Col. John Hutton, MD, of the U.S. Army Medical Corps and a White House physician (later, Dr. Hutton would become President Reagan's personal physician and close friend, Lee Smith, MD, a colorectal surgeon and professor of surgery at George Washington University, an ex-Navy surgeon and personal friend of mine; and Bimal Ghosh, MD, an oncologic academic surgeon on my staff in the Department of Surgery.

The morning of his surgery, President Reagan expressed his well-known optimism and, having experienced emergency surgery after the attempted assassination in 1981, he seemed to know what to expect.

Of course, we had no trouble with typical OR delays – this was the president! Yes, security people were everywhere, including the operating room. They did not hamper or delay our efforts. Surgery lasted a couple of hours and went smoothly. His recovery from anesthetic was rapid.

President Reagan became aware of his surroundings perhaps within an hour post-operatively, with the White House chief of staff present. Other officials, including Vice President George H. W. Bush, were notified, and the word was spread across the world that President Reagan was back in charge, having temporarily signed over the powers of the Presidency while incapacitated by the effects of surgery and anesthesia, as prescribed by the U.S. Constitution.

There was a scheduled live press interview for the surgical team the Monday afternoon following surgery. Reports of President Reagan's excellent progress were given, but concern regarding the diagnosis and prognosis of colon cancer prompted speculation from a group unaccustomed to dealing with adroit questioning by the White House press corps. Eventually, questions were cut off and the process not repeated. Releases and statements made by presidential spokespersons sufficed thereafter.

Nancy Reagan maintained a busy back-and-forth schedule that week. She was pleasant and deferential and preoccupied.

The president progressed medically as if he were physiologically much younger than his 74 years at the time. Indeed, he looked spry. In his suite, he was kept appraised by the White House staff of the events of the times and in high spirits received well wishes of the world.

President Reagan was anxious to depart the hospital, travel to California, and, John Hutton stated, wished to ride a horse on the ranch during his recovery period. Dr. Hutton, thankfully, was able to persuade him to delay this exercise for a reasonable period.

On the Saturday morning of the week post-op, President Reagan and his entourage were taken to his helicopter amid considerable media coverage and flew off. He waved to all, and we to him.

Within months, I believe, I saw President Reagan twice at the hospital. We spoke of his health, pictures were taken, and the staff thanked. He was friendly, comfortable to be around, joked with the staff, seemed unworried about his health, never short or irritable, and exceedingly popular.

Mrs. Reagan's father, Dr. Loyal Davis, had an important relationship with the American College of Surgeons and, indeed, was editor-in-chief from 1938 to 1982 of the major publication of the American College of Surgeons, the journal S.G. & O. At his wife's suggestion, President Reagan pursued follow-up consultation with the world-renown general surgeon Oliver Beahrs, MD, at the Mayo Clinic.

Over the years, John Hutton and I would meet regularly and he kept me informed about our mutual famous patient, his medical problems and deteriorating health.

Those 15 minutes are fondly remembered.

40s

Robert J. Andrews, CMED '44, retired in June after practicing family medicine in Wilmington, N.C., for 56 years. Dr. Andrews and his wife have three children and eight grandchildren.

70s

Michael A. Moore, MD '70, was named Physician of the Year by the American Heart Association at the AHA National Volunteer Conference in Washington on April 26. The award recognized his outstanding contributions to the accomplishment of the AHA's mission as a practicing physician. For the past 24 years, Dr. Moore has been in practice in Danville, Va., as a nephrologist specializing in hypertension management. He has also been a member of the faculty of the Wake Forest University School of Medicine since 1976, where he is a clinical professor of medicine/nephrology and a member of the Hypertension and Vascular Disease Center.

W. Bonner Guilford, MD '73, has been inducted as a Fellow in the American College of Radiology. Dr. Guilford is affiliated with Charlotte Radiology PA and the Carolinas Healthcare System, both in Charlotte, N.C.

M. Catherine Dobbins, MD, '74 was recently in Chapel Hill for her 30th class reunion and took pictures of the reunion activities. She has posted these to the Web (**http://www.pbase.come/mcat/unc_med_74_reunion**) in hopes that the class members who couldn't make it to the reunion can take a look and, hopefully, be there for the next one.

80s

Doug Holmes, MD '80, is president of the Wake County Medical Society, commander of U.S. Air Force Reserves medical flight, 916th AMDF at Seymour Johnson Air Force Base, and a scholar at NCMS leadership college.

Kenneth Blau, MD '81, has been elected chief of staff at Doctors Hospital of Sarasota (Fla.) for 2004. Dr. Blau is a practicing anesthesiologist.

Frenesa K. Hall, MD '88, has abandoned the conventional model of health care delivery and started a new company, Mobile-Medicine.Net, that delivers primary care services to the office and home, for established patients, for people who want convenient, high quality, highly personalized medical care. The practice services the Greater Atlanta, Ga., area. Dr. Hall's Web site is www.mobile-medicine.net or call (678) 623-3038 for more information.

90s

James J. McCarthy, MD, '91, was selected by *Philadephia* magazine as the top doctor in his specialty of treating children with lower extremity issues, especially hip arthroscopic surgery, in an annual medical issue that focuses on Philadephia-area physicians choosing "the Best of their Peers." Dr. McCarthy is assistant chief of staff and medical director of the Motion Analysis Laboratory at Shriners Hospital for Children in Philadelphia.

Cullen Ruff, MD, '92, is a partner with Fairfax Radiological consultants in Fairfax, Va.

Julia Norem, MD, '94, husband Steve and 3-year-old son Steven welcomed the newest arrival, Michael Ryan, on April 12, 2004. Julia hated to miss the reunion but was unable to attend due to Michael's arrival. Julia continues in active practice at Cape Fear Family Medical Care in Fayetteville, N.C.

2000s

Jeffer Baer, MD, '01, is an internal medicine resident in Philadelphia. He will finish his residency this summer and then work in the ICU next year.

UNC Bone Marrow and Stem Cell Transplantation Program is home to many remarkable stories

By Tom Hughes and Dianne Shaw

The Bone Marrow and Stem Cell Transplantation Program at the UNC Lineberger Comprehensive Cancer Center was established in 1992. Since then, more than 750 patients have undergone transplantation.

And with more than 750 stories to choose from, one can find quite a few that are dramatic and touching. For just one example, consider the story of Mike and Martial Bednar.

Mike Bednar, a resident of Pittsboro, N.C., needed a transplant to treat his multiple myeloma, a cancer of plasma cells. When his brother Martial's marrow type proved a perfect match for Mike, it would be the second time for Martial and one of the first times in the United States that a donor had given marrow to two different siblings.

In May 1996, Martial first donated his marrow to his brother, Merrick, a Roman Catholic priest who had a lengthy and complicated medical history. At age 32, he was diagnosed with pre-leukemia in 1996 after having been treated for lymphoma in 1993 as a result of immunosuppressive drugs taken following a successful heart transplant in 1986. (Sadly, Merrick died in May 1997 awaiting a second heart transplant).

In the summer of 2003, Martial donated his marrow again to his eldest brother Mike, who received it in November as part of a clinical trial sponsored by Cancer and Leukemia Group B (CALGB) through the UNC Lineberger Comprehensive Cancer Center's Protocol Office.

"Having two brothers who have had to fight cancer and have needed a bone marrow transplant is a sad, harsh reality," said Martial Bednar. "But it has been a blessing for my family that I've been a match in both cases, and an awesome privilege for me to be my brother's donor. Not all who need a transplant are that fortunate."

Dr. Don Gabriel, Professor of Medicine and member of the UNC Lineberger Comprehensive Cancer Center, is Mike Bednar's physician. "When you're facing a deadly disease as Mike Bednar is, hope is inexorably linked to an available donor. Mike is one of the fortunate patients who have a sibling that is a perfect match. Being a donor takes time out of your life; it's not something you have to do. Donors are heroes as well as the recipient and the families. Martial Bednar's experience as a donor shows that it's not dangerous. He's done it twice!

"We hope that people will consider getting registered with the National Registry. They can save someone's life. The more potential donors we have in the registry, the greater the chance that a match can be found for a patient."

The clinical trial in which Mike Bednar is a participant involves a two-step process for transplantation to treat multiple myeloma. The patient first undergoes an autologous- or self-transplant. Then two to four months after that, the patient undergoes an allogeneic- or donor-transplant. For this particular trial, the donor must be a sibling whose marrow matches that of the sibling who is the patient.

Many multiple myeloma patients who undergo only an autologous transplant relapse, so the trial is to determine if undergoing a second allogeneic transplant will eradicate any remaining cancer cells, thus increasing time without relapse and the potential for cure. UNC Lineberger has had this trial open for over a year and continues to enroll patients.

Mike Bednar, 49 – a longtime resident of nearby Pittsboro, N.C. – was released from UNC Hospitals in late November, and continues to be closely monitored by his UNC transplant team. Martial, 37, lives and works in Rochester, N.Y. Born and raised in southwestern New York State, the brothers are originally from a family of nine siblings. However, in both transplants, Martial was the best or only match.

Said Mike Bednar, "This past year has been an incredible journey. I am thankful beyond words to begin a new year with a second chance at life."

The UNC Lineberger Comprehensive Cancer Center's mission is to reduce cancer occurrence and death in North Carolina and the nation through research, treatment, training, and outreach. The Center is one of the 38 National Cancer Institute-designated comprehensive cancer centers.

The primary focus of the program has been hematologic cancers (cancers of the blood or bone marrow, including leukemia, lymphoma, and myeloma). This has included adult and pediatric patients as well as both autologous and allogeneic bone marrow, blood stem cell, and cord blood transplants. The UNC program is a collection and transplant center for the National Marrow Donor Program. This affiliation allows UNC to offer the options of allogeneic unrelated marrow and stem cell donor transplants.

Members of this program use a multidisciplinary approach to provide comprehensive and supportive care to all recipients, donors, and their families. The transplantation team consists of physicians, nurse practitioners, nurse coordinators, a patient counselor, two social workers and a financial counselor. Additional resources are provided by transfusion medicine, pharmacy, pastoral care and recreational therapy.

Each week, program members attend a conference during which current transplantation cases are thoroughly reviewed and discussed. The exchange of knowledge and opinions among program members ensures that the best possible treatment plan is developed for each patient and that the patient's support needs are met.

A highly personalized treatment plan is one of the cornerstones of this program. Patients receive consultation and support from a physician and a nurse practitioner, who follow their case throughout the entire transplantation process.

While most of the patients have been from North Carolina, the reputation of the program has drawn patients from as far away as Massachusetts, Louisiana and Florida. In fact, the program holds the Kaiser Permanente contract for bone marrow and stem cell transplantation for the Southeast region of the United States and routinely treats patients from the Kaiser Program in the greater Atlanta region.

UNC has performed more than 70 unrelated donor transplants and 250 matched related allogeneic transplants since 1992. In addition to the donor transplants, more than 400 autologous patients have been treated at the center. Over 23 percent of these patients were from minority backgrounds, approximately 47 percent were female and 14 percent were younger than 18 years old.

Extensive support services are available to all UNC patients before and after transplant. Nutritional, pharmaceutical, and financial support services and pastoral care are provided. A support group for transplant candidates, recipients, and their family members and close friends meets bimonthly.

The UNC Bone Marrow and Stem Cell Transplantation Program

Since it was created in 1992, the Bone Marrow and Stem Cell Transplantation Program has established itself as a leader in the field, building upon the basic-research strengths of the Cancer Center and the clinical excellence of UNC Hospitals.

The program cares for both adults and children with hematologic malignancies and solid tumors. Transplant candidates may include individuals with the following diseases or inherited disorders:

- Aplastic anemia
- Hodgkins disease
- Inherited disorders of bone marrow function
- Leukemias (acute and chronic)
- MDS (myelodysplastic syndrome)
- Multiple myeloma
- Non-Hodgkins lymphoma
- Sickle Cell Disease
- Thalassemia

Members of this program use a multidisciplinary approach to provide comprehensive and supportive care to all recipients, donors, and their families. The transplantation team consists of physicians, physician assistants, nurse coordinators, a patient counselor, a social worker, and a financial counselor. Additional resources are provided by transfusion medicine, pharmacy, pastoral care, and recreational therapy.

Each week, program members attend a conference during which current transplantation cases are thoroughly reviewed and discussed. The exchange of knowledge and opinions among program members ensures that the best possible treatment plan is developed for each patient and that the patient's support needs are met.

The primary focus of the program to date has been on hematologic diseases. Areas of particular focus include:

- Drug development and initiation of new regimens for treatment of patients with lymphoma and leukemia.
- The use of peripheral blood stem cell or growth factor mobilized bone marrow transplants for allogeneic patients.
- Participation in cooperative group studies in multiple myeloma, acute myelogenous and lymphoblastic leukemia, high-risk non-Hodgkin's Lymphoma, mantle cell lymphoma, and non-ablative allogeneic transplants for older patients and those with less aggressive cancers such as follicular lymphomas or leukemias in remission.

As a part of the National Cancer Institute-designated UNC Lineberger Comprehensive Cancer Center, The Bone Marrow and Stem Cell Transplantation Program has established itself as a leader in the field, building upon the basic-research strengths of the Cancer Center and the clinical excellence of UNC Hospitals.

Treatment

The Bone Marrow and Stem Cell Transplantation Program offers autologous, related and unrelated allogeneic, and cord blood transplants. The program is a collection and transplant center for the National Marrow Donor Program. This affiliation allows us to offer the options of allogeneic unrelated marrow and stem cell donor transplants.

Clinical trials

The program provides access to new cancer treatments through affiliation with national clinical trials groups and participation in clinical trials developed at UNC through the Lineberger Comprehensive Cancer Center.

These trials are treatment plans that are carried out in a carefully designed and organized fashion with close monitoring of the results. The goals of these trials are to increase survival, to provide better quality of life, and to reduce treatment-related side effects. Our program offers clinical trials for treating many types of solid tumors and hematologic malignancies, such as acute and chronic leukemia, lymphoma, and multiple myeloma. We are also actively involved in studies of the treatment of graft vs. host disease, appropriate use of antibiotics, growth factors, and the use of blood or marrow stem cells.

More program information:
http://cancer.med.unc.edu/patient/programs/bone-marrow.html
More UNC Lineberger information:
http://cancer.med.unc.edu
More information about becoming a donor:
http://www.marrow.org/

Patients served by the program

Since its establishment in 1992, more than 750 patients have undergone transplantation at UNC. While most of the patients have been from North Carolina, the reputation of the program has drawn patients from as far away as Massachusetts, Louisiana and Florida. In fact, the program holds the Kaiser Permanente contract for bone marrow and stem cell transplantation for the Southeast region of the United States and routinely treats patients from the Kaiser Program in the greater Atlanta region.

UNC has performed more than 70 unrelated donor transplants and 250 matched related allogeneic transplants since 1992. In addition to the donor transplants, more than 400 autologous patients have been treated at the center. Over 23 percent of these patients were from minority backgrounds, approximately 47 percent were female and 14 percent were under 18.

Patient support

Extensive support services are available to all UNC patients before and after transplant. Nutritional, pharmaceutical, and financial support services and pastoral care are provided. A support group for transplant candidates, recipients, and their family members and close friends meets bi-monthly.

The great **connector**

UNC Hospitals concourse dedicated in honor of Eric B. Munson

By Tom Hughes

The concourse that connects the four front entrances of UNC Hospitals was officially dedicated as the Eric B. Munson Concourse in a ceremony held May 4.

Munson, who served as the top executive at UNC Hospitals from 1980 until 2004, was named president emeritus in a resolution passed March 15 by the UNC Health Care System's board of directors. The resolution also named the concourse in Munson's honor.

Speakers: Former board chair James Hedrick, Christopher Fordham, MD '49, Stanley Mandel, MD, and Mary A. Beck, MPH, senior vice president for planning and program development.

Photos by Brian Strickland

William L. Roper, MD, MPH, chief executive officer of UNC Health Care and dean of the UNC School of Medicine, opened the May 4 ceremony.

"I believe it's a fitting dedication," Dr. Roper said, "for this concourse connects these hospitals that symbolize Mr. Munson's leadership, that took the original N.C. Memorial Hospital through dramatic growth, adding three additional hospitals – N. C. Neurosciences Hospital, N.C. Women's Hospital and N.C. Children's Hospital, now known collectively as UNC Hospitals, as well as several other major expansions to the health care system.

"We today, all of us, benefit from the oversight and leadership provided by Eric Munson over the last 24 years," Dr. Roper concluded.

When Munson's turn at the lectern came, he reflected on the accomplishments of which he said he is most proud. First on his list was the mission of UNC Hospitals.

Munson catches up with Elaine Hill.

"This has been a mission-driven organization since 1952," Munson said, "and I would argue today that our mission of patient care, training the next generation of health manpower, advancing science and providing public service is as alive and well in this place today as it was in 1952 when it was crafted."

Other accomplishments he pointed to included improving community service, especially service to seniors, establishing a firm financial foundation, invigorating the clinical enterprise, a performance improvement initiative with a successful 14-year track record, and the recruitment, retention and loyalty of the senior management group at UNC Hospitals.

The other speakers included Mary A. Beck, MPH, UNC Hospitals' senior vice president for planning and program development; Stanley Mandel, MD, a former longtime chief of medical staff at UNC Hospitals and executive associate dean for clinical affairs; Christopher Fordham III, MD, former UNC School of Medicine dean and chancellor emeritus of UNC-Chapel Hill; and James T. Hedrick, emeritus member and former chair of the UNC Health Care board of directors.

Beck noted that although the expansion of facilities under Munson's leadership was impressive, "Eric doesn't have an edifice complex. Rather, he gave UNC Hospitals the encouragement and tools to grow and constantly improve.

"We honor him because of the spirit, leadership, foresight, and integrity he brought to this great institution, which is the true and long enduring reflection of his contribution," she said.

Dr. Mandel, who worked at N.C. Memorial Hospital for 11 years before Munson's arrival and witnessed its subsequent transformation, said that "after 24 years of Mr. Munson's leadership, the facilities are sec-

ond to none, and the UNC Health Care System represents the very finest in medical care; a true statewide and international force in health care."

The key to Munson's success, Dr. Mandel said, is that he "invested his energies in his family, his faith, his professional colleagues, his employees and his friends, and held up a mirror so his people could see themselves in their most favorable reflection and they exceeded all expectations — that is the major reason we see these facilities here today. Eric stands by his people in good times and bad times. His reward has been dedicated, trusting, loyal and unprecedented achievement from people."

At a reception after the ceremony, Todd L. Peterson, executive vice president of UNC Hospitals, presented Munson with a box filled with souvenirs and mementos that highlighted various points in Munson's career.

"Over the years a few people have tried to put Eric in a box, and most have failed miserably," Peterson said. "They couldn't box an infectious spirit, positive personality, perseverance, insightful intellect or instinct. We probably failed also.

Eric Munson's family joined him for the dedication. From left, wife Annette, son Lars and daughter Anna-Lisa Young.

"I couldn't contribute to the box nearly anything I and many others treasure about Eric and his quarter century here," Peterson said. "Despite what can't be in it, we hope you enjoy the box. And also know, Eric, that the shadow you cast continues to be impressively long."

Munson began his service to UNC Hospitals and the people of North Carolina in June 1980, when he left his previous job as director of the University of Colorado's teaching hospital in Denver to become general director of N.C. Memorial Hospital. At the time, he was 36 years old.

Since then, Munson guided N.C. Memorial through a dramatic period of growth and improvement that led to the establishment of the three additional UNC hospitals. Under Munson's leadership the number of employees increased from about 3,000 to more than 5,000, the operating budget increased from $80 million to more than $582 million, and UNC Hospitals came to be ranked among the best in the United States.

Munson presided over several key expansions of UNC Hospitals facilities, including the opening of the N.C. Jaycee Burn Center in 1981, the UNC Ambulatory Care Center in 1992 and the N.C. Neurosciences Hospital in 1996. He also played a vital role through one of UNC Health Care's most significant periods of growth, which included the purchase of Rex Healthcare, the construction and opening of the N.C. Children's Hospital and N.C. Women's Hospital and the pursuit of a new cancer hospital.

As president emeritus, Munson will continue to serve as a senior advisor to UNC Health Care until 2006.

special EVENTS

Burn survivors participate in annual Camp Celebrate

About 100 burn survivors ages 5 to 17 attended this year's Camp Celebrate May 14-16 at Camp Kanata in Wake Forest, N.C.

The N.C. Jaycee Burn Center at UNC Hospitals sponsored the annual event, which is aimed at helping in the psychological recovery of burned children. Nearly 30 percent of the more than 400 patients treated at the Burn Center each year are children.

"The psychological recovery from burn injury begins many months after the physical recovery," said Michael Peck, MD, the Burn Center's medical director. "Many patients do not begin to fully comprehend what has happened to their bodies until many months after they have gone home from the hospital.

"That is one of the reasons that this camp experience is so important for children – being with others of their own age and with similar injuries helps them process the events in their own lives in ways that parents, teachers, psychologists and burn surgeons simply cannot hope to approach," Dr. Peck said.

Created in 1981 as the first camp of its kind in the United States, Camp Celebrate is a unique therapeutic experience designed to enhance each camper's social, emotional, physical and cognitive growth. Volunteers from across the state — including firefighters and Jaycees — joined Burn Center staff in providing the campers a fun and enriching experience.

The N.C. Jaycee Burn Center at UNC Hospitals is dedicated to providing a crucial combination of specialized medical care and rehabilitative services required by victims of severe burns. Its highly specialized health-care professionals work as a team using the most advanced technology and treatment methods to care for patients.

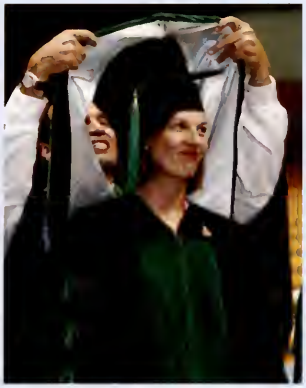
Born of necessity and concern for burn victims throughout North Carolina, the 21-bed center was dedicated in November 1980. Today, it is recognized nationally and internationally for its burn care, research and education.

Functioning as a "hospital within a hospital," the center and its staff handle a multitude of medical complications and emotional problems that can compound the tragedy of thermal injury. Since it opened, the Burn Center has treated thousands of patients with therapy and rehabilitation, many of whom returned to their homes and families to successfully resume their lives.

ALUMNI WEEKEND

More than 250 people turned out for events related to Spring Alumni Weekend on April 16-18 in Chapel Hill.

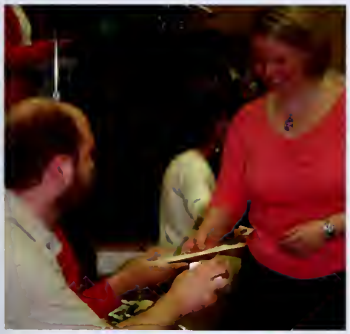
Photos by Brian Strickland



GRADUATION

Proud family and friends filed into the Dean Smith Center to cheer on this year's medical school graduates.

Photos by Brian Strickland



MATCH DAY

Graduates took part in the annual Match Day ceremony and learned where they would head for their residencies.

Photos by Brian Strickland

ART EXHIBIT OPENS

Robert Golden, MD, vice dean and chair of Psychiatry, welcomed guests at the opening of an exhibit of art by UNC patients with mental illness at the N.C. Museum of Art.

Photos by Brian Strickland

YO-YO MA

UNC Health Care hosted donors and patients at the gala performance of famed cellist Yo-Yo Ma at the N.C. Symphony's Meymandi Concert Hall in Raleigh.

Photos by Brian Strickland

Newly arrived genetics faculty members at work on complex human diseases

Three recent faculty arrivals in the genetics department at the UNC School of Medicine are studying how the interaction of multiple genes is involved in common and complex human diseases.

Last year saw the arrival from Virginia Commonwealth University of Dr. Patrick Sullivan, professor of genetics and psychiatry in UNC's School of Medicine and professor of epidemiology in the School of Public Health.

SULLIVAN

Dr. Sullivan, a psychiatric geneticist, has written more than 120 professional publications. A major theme in his laboratory's research is understanding the etiology of a number of important health problems, such as smoking behavior, schizophrenia and chronic fatigue syndrome.

"These disorders exhibit complex patterns of inheritance," he said. "Developing an understanding of these disorders requires the integration of findings from multiple investigative approaches such as epidemiology, [gene] linkage analysis and association studies."

Dr. Kirk Wilhelmsen, associate professor of genetics and neurology, has a long-standing interest in the human brain and how genetic variation causes differences in human behavior. He focuses on genetic mapping of genes responsible for neurodegenerative disorders. He came to UNC in December from the University of California at San Francisco with a large collection of blood samples from patients recruited for clinical studies.

WILHELMSEN

Dr. Wilhelmsen's lab has been developing automated gene mapping technologies to study the genetics of alcoholism.

"There are few conditions where there is a genetic susceptibility that shows more complex interactions between genes and the environment than alcoholism," he said. "Epidemiological studies have demonstrated that genetics play a role in alcoholism, but it is also clear that there are complex interactions between genes and the environment that remain ill-defined."

Teasing out these interactions will be a daunting challenge as his group attempts to find key susceptibility genes for alcoholism.

Dr. Wilhelmsen also uses gene mapping technologies to study the gene responsible for a family of disorders called frontotemporal dementia and parkinsonism linked to chromosome 17 (FTDP-17). In collaboration with a consortium of researchers, his lab recently identified mutations in the "tau" gene that are linked to FTDP-17. His research seeks to determine how mutations in this gene produce disease and what role tau plays in other neurodegenerative conditions.

Dr. Karen L. Mohlke, assistant professor of genetics, earned her doctorate from the University of Michigan and joined the UNC faculty in January. Her interest in genomics and complex diseases has included research as a graduate student in the molecular basis of von Willebrand's disease, a bleeding disorder, and studies on predictors of genetic susceptibility to type 2 diabetes.

MOHLKE

After completing her doctorate, Dr. Mohlke joined Dr. Francis Collins, MD '77, at the National Human Genome Research Institute, where she led a team working to uncover susceptibility genes for type 2 diabetes. This study represents the most comprehensive collection of data focused on genetics of adult onset diabetes in the academic sector. The team identified a specific candidate gene on chromosome 20 and a region on chromosome 22.

Drs. Sullivan, Wilhelmsen and Mohlke also are members of the Carolina Center for Genome Sciences.

"I think we've assembled a strong group in human genetics. The synergy now has formed quite nicely between human and mouse genetics," said center director Dr. Terry Magnuson, Sarah Graham Kenan professor of genetics. "The establishment last year of our clinical genetics research center as a component of CCGS will enable basic scientists to understand the relationship between genetics and disease by allowing them to tap into clinical work at Carolina with patients and their families."

In 2001, UNC Chancellor James Moeser announced a campuswide genomics initiative representing a public-private investment of at least $245 million over the next 10 years. Four new buildings affiliated with genomics research are supported by a combination of funds from the statewide higher education bond referendum, prior state appropriations and campus sources including private gifts.

The initiative involves faculty from the schools of dentistry, medicine, nursing, pharmacy and public health – as well as the College of Arts and Sciences, the schools of information and library science and of law.

In January 2003, UNC alumni Vaughn and Nancy Bryson committed $5 million to their alma mater as a part of the Carolina First campaign to establish a clinical genetics research center on the university's medical campus.

The center brings researchers, physicians and medical faculty together to explore the relationship between genetics and diseases, address the critical need for trained clinical geneticists and transfer promising new treatments from the laboratory to

patient bedsides. The close collaboration between laboratory scientists and physicians is expected to advance the knowledge of both groups.

–Leslie H. Lang

UNC research to help determine most effective stroke prevention method for young stroke survivors

Although strokes can occur at any age, it's surprising when they happen to people in their 20s, 30s or even 40s. UNC and the National Stroke Association (NSA) are urging young stroke survivors to ask their doctors about patent foramen ovale (PFO), a congenital hole in the heart that often has no symptoms, but can increase recurrent stroke risk in some patients.

Doctors do not have a definitive answer as to the most effective way to reduce the risk of recurrent strokes in patients with PFO. Now, stroke survivors and TIA (mini-stroke) survivors with PFOs can participate in a UNC study to help provide that answer.

Everyone is born with an opening between the right and left atria, or upper chambers, of the heart. In most cases, this opening seals itself shortly after birth. In about one in five Americans, the opening doesn't seal and can open when the chest is strained, such as during coughing or sneezing. The PFO can enable blood clots to travel from one area of the body (such as a leg vein) through the heart and up to the brain, possibly causing a stroke. Many of these strokes occur in people under the age of 50.

A PFO also can play a role in transient ischemic attacks (TIAs). Known as mini-strokes, TIAs are brief episodes of stroke symptoms that come and go quickly. Unlike strokes, TIAs do not cause brain damage. Most PFO-related strokes and TIAs are cryptogenic, meaning they have no apparent cause until the PFO is diagnosed.

Currently there are two primary treatment options for PFO: medications and PFO closure, a minimally invasive closure-implant procedure. Open-heart surgery is also an option, but is rarely used due to the invasive nature of the surgery and the risks involved. Blood-thinning medications can be prescribed to influence clotting properties of the blood. The theory is that if the blood forms fewer clots, there is less risk of a clot making its way through the PFO to the brain and causing a stroke.

With the PFO-closure implant, a device is placed in the heart to seal the flap. Blood clots cannot pass through and travel to the brain. It is not known, however, which of these treatments is most effective and safest for stroke prevention.

UNC is now participating in a research study comparing blood-thinning medications with the PFO-closure device.

"That, hopefully, will answer the question as to whether we should be closing these holes at all. If so, is this the device we should be using? And if not, then what kind of medication should we be using for these folks?" said Ana Felix, MD, assistant professor in the Department of Neurology and UNC's principal investigator for the study.

While participating in the study, patients may receive the latest version of a current PFO closure device. The U.S. Food and Drug Administration has approved the implant for use in these clinical trials, but not for general use. It is commercially available in Europe, and its technology has been used to treat more than 15,000 people. The FDA has approved a prior version of this device but only under strict criteria.

"NSA's goal is to educate people about stroke; the symptoms, the potential causes and the available treatments. Providing information on stroke and TIA in young patients and on clinical trials is part of that goal," said Jim Baranski, National Stroke Association CEO.

The National Stroke Association's PFO education initiative is sponsored by an unrestricted educational grant from NMT Medical, sponsor of the CLOSURE I PFO research study.

UNC study finds protein in male reproductive tract kills bacteria, may improve fertility

Scientists at UNC have found that a protein they discovered three years ago in the male reproductive tract is a potent anti-bacterial agent.

In addition to protecting the male against invading bacteria, the protein may aid fertilization by protecting sperm from harmful organisms encountered in the female reproductive tract.

A report of the study, now online, will be published in the July issue of the journal *Endocrinology*.

Designated DEFB118, the protein is found in the epididymis, a coiled duct through which sperm pass after leaving the testis. During passage through the epididymis, sperm become mature and acquire forward motility and fertilizing ability.

DEFB118 may be important in the innate immune system, said Dr. Susan H. Hall, associate professor of pediatrics in the UNC School of Medicine's Laboratories for Reproductive Biology.

"Antibodies for protection may not be present when a pathogen comes in, so we need an innate

The newly discovered protein.

defense system, something right there and ready to go," Dr. Hall added.

A wide variety of anti-microbial proteins in different classes have been identified in species as diverse as insects and humans. The most abundant antibiotic proteins in humans are the defensins.

"This study demonstrates that the sperm-binding protein we discovered is an active defensin, one that has potent antibacterial activity," Dr. Hall said.

In humans, defensins are produced in the skin, eyes, nose, ears, mouth, digestive system, lungs and reproductive tract.

"When a pathogen tries to enter our bodies, defensins are ready and waiting there to kill them," Dr. Hall said. "And if the defensins are overpowered, then other protective mechanisms including antibodies are called in to finish the job."

Dr. Hall's laboratory first reported the new sperm-binding defensin, identified by graduate student Liu Qiang, in 2001. The protein may be a broad-spectrum anti-microbial that attacks and destroys a variety of bacteria, said UNC postdoctoral researcher Dr. Suresh Yenuga, the new report's lead author.

"This protein kills bacteria by disrupting their outer and inner cell membranes, resulting in the release of cell contents," he said. "In treating E. coli with different concentrations of DEFB118 over different time periods, we found it kills the bacteria within 15 minutes. Its anti-bacterial activity is dose-, time- and structure-dependent."

Study co-author and UNC postdoctoral researcher Dr. Yashwanth Radhakrishnan is exploring the evolutionary significance of defensin genes, how they evolved in the human genome. Numerous proteins similar in key attributes exist in different mammalian species, he said.

"We have already found homologues in monkeys, mouse and rat. The cluster of genes we're studying is 100 million years old," he said. "Do they have multiple functions or the same function? Are there differences in their mechanisms of action? Across species, we still have no data on function, or on what species of bacteria or viruses they kill. We hope to find some answers."

The Laboratories for Reproductive Biology, established more than 30 years ago, includes faculty in the departments of biochemistry and biophysics, cell and developmental biology, genetics, cell and molecular physiology, obstetrics and gynecology, and pediatrics. The LRB promotes understanding of normal and abnormal reproductive functions to discover new methods of treating infertility and develop new methods of fertility control.

LRB research is supported by grants from the National Institute of Child Health and Human Development, the NIH Fogarty International Center, the Contraceptive Research and Development Program, the Andrew W. Mellon Foundation and the Specialized Cooperative Centers Program in Reproduction Research at the NIH.

—Leslie H. Lang

Study may help predict premature infants at risk of total blindness

In a new study of preterm infants at risk for a blinding eye disease called retinopathy of prematurity, UNC researchers have found features within the retina that may predict eyes more likely to become blind from total retinal detachment.

"This study was important because it identified when we should operate and intervene to prevent retinal detachment and total blindness without placing the infant at risk of surgical trauma and its consequences," said Mary Elizabeth Hartnett, MD, associate professor of ophthalmology in UNC's School of Medicine.

The new findings appeared in the April issue of the journal *Retina*. Dr. Hartnett is the study's lead author.

Retinopathy of prematurity (ROP) is an eye disease causing 550 cases of blindness annually in the United States and many more worldwide.

"Prevention of progression to retinal detachment is preferable to surgery to reattach a totally detached retina because even with successful surgery to reattach a totally detached retina, vision can be extremely poor," Dr. Hartnett said.

Preterm infants less than 2.7 pounds or less than 28 weeks gestational age are particularly at risk from ROP, since they are born with an immature retina with incomplete blood vessel development, Dr. Hartnett said. This leaves a retina area without a blood or oxygen supply, and this ischemic situation then stimulates new blood vessel growth, or angiogenesis.

"But this angiogenesis grows in the wrong part of the eye," Dr. Hartnett said. "When the blood vessels grow they grow into the vitreous, the clear gel above the retina. The blood vessels are immature and leak substances that cause scarring and later retinal detachment."

The current recommended treatment for severe ROP preceding stage 4 or retinal detachment is laser ablation of the ischemic retina, a process thought to destroy tissue that produces substances causing unwanted angiogenesis into the vitreous.

"These treatments help reduce the risk of retinal detachment by at least 50 percent," she said. "But that still leaves a certain number of infants that develop stage 4 ROP, which is early, partial retinal detachment. What we want to do is prevent stage 5 ROP, total retinal detachment."

Not all stage 4 ROP progresses to retinal detachment, Dr. Hartnett added, and the surgery poses risks such as infection, bleeding and surgical trauma. "So, this study sought to determine which infants, who had laser treatment for severe ROP and who didn't have regression of disease, needed to have surgery to prevent progressive stage 4 ROP and subsequent risk of blindness."

The researchers reviewed the retinal eye exam charts of infants who had been treated with laser but still developed stage 4 ROP. They found that the infants had specific features within the eyes two weeks before the development of progressive stage 4 ROP that should tell the surgeon to consider surgery: an increased extent of elevated tissue at the junction of the normal retinal blood vessels and the area of retina without blood vessels, dilated blood vessels in half the retina or more (called plus disease), and increasing vitreous cloudiness.

The extent of the abnormal blood vessels growing into the vitreous previously had always been considered an indication of disease progression. Surprisingly, this study did not support that feature as predictive of later retinal detachment.

"Instead, if unwanted intravitreous angiogenesis is found, that should clue the surgeon into looking for areas missed during the laser treatment and to treating these areas," Dr. Hartnett said.

"The findings in this study need to be confirmed with a larger prospective study, if that is possible, given that stage 4 ROP is not a very common condition. For now, this study provides guidance to the ophthalmologist monitoring infants who received laser treatment for severe ROP as to when surgery may be necessary to prevent progressive stage 4 ROP, total retinal detachment, and blindness."

Pierre Barker, MD, ChB, associate professor of Pediatrics, has been awarded a Kenan Fellowship to participate in a WHO-led effort to rapidly scale up the availability of antiretroviral therapy (ART) to patients infected with AIDS in several sub-Saharan African countries. During the project he will work with the Boston-based Institute for Healthcare Improvement to train and guide local AIDS health-care teams in these countries in simplified chronic disease management techniques that will identify the most effective way of delivering ART.

Elizabeth A. Bell, MD, MPH, associate professor of Anesthesiology, was invited to give a lecture on "costs versus efficiency of labor pain management techniques" at the World Congress of Anesthesiology meeting in Paris in April. The World Congress meets every four years. The mayor of Paris greeted the speakers at a reception at the Hotel D'Ville, and a reception also was held at the Louvre.

Cynthia Bulik, PhD, William R. and Jeanne H. Jordan Distinguished Professor of Eating Disorders, received the Eating Disorders Coalition Award for Research at the 2004 EDC awards dinner in Washington. This award is given to the individual or group who has made a significant contribution to the scientific investigation of the causes, treatments or prevention strategies for eating disorders.

BULIK

Mary E. Bryant, PharmD, assistant professor of Medicine, and **Robert M. Malone, PharmD**, assistant professor of Medicine, received the Outstanding Preceptor Award for all teaching pharmacy faculty inpatient or outpatient at the annual pharmacy banquet.

Blossom A. Damania, PhD, assistant professor of Microbiology and Immunology, recently received the Gertrude B. Elion Cancer Research Award, sponsored by the American Association for Cancer Research. She received the award at the association's annual meeting in Orlando, Fla. The $50,000 award recognizes research excellence in cancer etiology, diagnosis, treatment or prevention. It is presented annually to one non-tenured scientist at the assistant professor level. Dr. Damania was selected for the nationally competitive award for her research proposal in tumor virology titled "The Role of Kaposi's sarcoma-associated herpesvirus (KSHV) in human malignancies."

Jonathan Dutton, MD, PhD, professor of Ophthalmology, was the guest speaker at the European Ophthalmic Plastic and Reconstructive Surgery Meeting in Louvain, Belgium. He was also invited by Elsivier Publishers to produce a new Textbook of Oculoplastic Surgery and was the special guest lecturer at the Annual Orbital and Facial Dissection Course at the University of Wisconsin, Madison.

Susan K. Fellner, MD, professor of Cell and Molecular Physiology, received a $25,000 research award from the Thomas H. Maren Foundation in March.

Pamela Y. Frasier, PhD, associate professor of Family Medicine, was honored by the Chatham Hospital Board of Trustees and the Hospital Administration with a plaque for outstanding service to the hospital and the community. She was rewarded for her work with the Immigrant Health Initiative and with program planning for community education, including diabetes self-management.

Brad Gaynes, MD, MPH, assistant professor of Psychiatry, was named a Distinguished Fellow of the American Psychiatric Association in May at the APA Annual Meeting in New York.

Robert Golden, MD, vice dean and chair and professor of Psychiatry, presented at the APA 157th Annual Meeting, "Interface Between Depression and Medical Illness Symposium," in New York. The title of his presentation was "Mood Disorders and Medical Illness: Diabetes, Osteoporosis, Obesity, and Pain."

Mary Elizabeth Hartnett, MD, associate professor of Ophthalmology, received a grant from the Macula Society to be the principal investigator for the study of mechanisms of endothelial cell transmigration across the RPE. She also received a grant to investigate the role of Leukemia Inhibitory Factor (LIF) and oxidative stress in retinal avascularity and retinopathy of prematurity from the UNC Council.

Cherri Hobgood, MD '89, assistant professor of Emergency Medicine, received the EMRA Certificate of Appreciation for outstanding work as a mentor and supporter of medical students going into emergency medicine. She also received the Tow Award for Humanitarianism at the Medical School Honors Banquet.

HOBGOOD

Clyde Hodge, PhD, associate professor of Psychiatry, has been appointed to serve on the NAL study section. He is also a member of the Research Society on Alcoholism board of directors and is a review editor for Alcoholism Clinical and Experimental Research.

Mark Koruda, MD, professor and chief of Gastrointestinal Surgery, received the Carolinas Crohns and Colitis Foundation Physician of the Year Award. He received this award at the Torch of Friendship Gala and Auction.

Brian Kuhlman, PhD, assistant professor of Biochemistry and Biophysics, has been awarded Alfred P. Sloan and Searle Scholar awards for 2004. He also

was awarded the Arnold and Mabel Beckman Foundation Young Investigator Award.

Travis A. Meredith, MD, distinguished professor and chair of Ophthalmology, was named to the editorial board of the *American Journal of Ophthalmology*.

MEREDITH

Brent Myers, MD, assistant professor of Emergency Medicine, received the 2004 NAEMSP EMS Fellowship Recognition Award. This award goes to an individual who has completed a nationally recognized SAEM/ Physiocontrol EMS Fellowship program.

Margaret Nusbaum, DO, MPH, associate professor of Family Medicine, received a five-year K23 Mentored Patient-Oriented Award from the National Institute of Child Health and Human Development. The total award amount was $628,830.

Carol Runyan, MPH, PhD, director of the UNC Injury Prevention Research Center and professor of Pediatrics, gave four presentations at the Seventh World Conference on Injury Prevention and Safety Promotion in Vienna, Austria, in June. The topics were home safety, teen occupational injury, training injury practitioners and using injury research to guide practice.

Desmond Runyan, MD, DrPH, professor and chair of Social Medicine, has been appointed to the NGO Advisory Panel for the United Nations Study of Children and Violence. The United Nations General Assembly directed the Secretary-General to conduct an international study of children and violence and that the results be reported back to the General Assembly. The study will be conducted over the next two years with a final report expected in 2006.

Aziz Sancar, MD, PhD, Sarah Graham Kenan professor of biochemistry and biophysics, has been elected a fellow of the prestigious American Academy of Arts and Sciences in honor of his "extraordinary contributions" to his field. Sancar's research interests include DNA repair and how this process is important in cancer treatment and prevention; and the regulation of the daily, or circadian, clock in mammals.

Robert S. Sandler, MD, MPH, chief of Gastroenterology and Hepatology, has been named the recipient of the 2004 Fiterman Foundation "Joseph B. Kirsner" Clinical Research Award in Gastroenterology. The award, administered by the Foundation for Digestive Health and Nutrition, recognizes excellence in clinical research in hepatology, nutrition or gastroenterology.

Virginia K. Shea, PhD, lecturer of Cell and Molecular Physiology, received the Instructor of the Year Award from the first-year class of the School of Pharmacy. This award recognizes "high qualities of instructional ability and interest in the students."

Brian Strahl, PhD, assistant professor of Biochemistry and Biophysics, has been awarded a Pew Scholar Award.

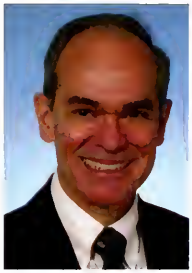
Oliver Smithies, DPhil, excellence professor of Pathology and Laboratory Medicine and member of the UNC Lineberger Comprehensive Cancer Center, was awarded an honorary degree during Duke University's May 9 commencement exercises.

Jeffrey Sonis, MD, MPH, assistant professor of Family Medicine, received a grant for $96,942 from the Andrus Family Fund to conduct a telephone survey of community attitudes in Greensboro, N.C., prior to the start of public hearings by the Greensboro Truth and Reconciliation Commission (TRC). The Greensboro TRC is the first "truth commission" in the United States and will examine the causes and consequences of an incident in 1979, in which members of the Ku Klux Klan and American Nazis shot and killed five people and wounded 10.

David K. Wallace, MD, associate professor of Ophthalmology and Pediatrics, received an Honor Award from the American Association for Pediatric Ophthalmology and Strabismus (AAPOS) for making significant scientific contributions to the association's annual meeting.

Sam Weir, MD, associate professor of medicine, has been elected president elect of the board of Residential Services Inc. RSI is a private, non-profit organization located in Chapel Hill, N.C., that provides living options and related supports to people of all ages with developmental disabilities. Many residents of RSI homes receive their primary care at UNC's Family Practice Center.

William E. Whitehead, PhD, professor of medicine, recently received the 2004 Janssen Award in Gastroenterology for basic or clinical research in digestive sciences. The honor was awarded on behalf of Janssen Pharmaceutica Inc., in cooperation with the American Gastroenterological Association.



WHITEHEAD

Nancy C. Wilkes, MD, associate professor of Anesthesiology and medical director of Ambulatory Surgery, has been reappointed to serve on the communications committee for the Society for Ambulatory Anesthesia (SAMBA), the primary anesthesia society for the specialty of ambulatory (outpatient) anesthesia and a subspecialty organization for the American Society of Anesthesiologists (ASA). The committee is responsible for disseminating information about ambulatory anesthesia to both the public and professional communities via Web site discussion group, press releases and biannual meetings.

Mitchell J. Wilson, MD, professor of General Medicine, was elected to the board of the Society of Hospital Medicine. He also gave a lecture on "Making Teamwork a Reality in the Hospital" at the society's Southern regional meeting.

Yi Zhang, PhD, assistant professor of Biochemistry and Biophysics, has won one of the 2004 Hettleman Prizes for Scholarly Achievement by young faculty.

Roper, Park officially begin service as leaders of UNC Health Care and UNC Hospitals

William L. Roper, MD, MPH, has officially begun his service as chief executive officer of the UNC Health Care System, dean of the UNC School of Medicine and vice chancellor for medical affairs.

Dr. Roper took over the CEO position from his immediate predecessor, Jeffrey L. Houpt, MD, during a meeting of the UNC Health Care board of directors in March. That meeting also marked the official start for Gary Park as chief executive officer of UNC Hospitals, Marschall Runge, MD, as president of UNC Physicians and Robert N. Golden, MD, as vice dean of the School of Medicine.

"I am excited to begin this new chapter in the history of UNC Health Care and the UNC School of Medicine," Dr. Roper said. "And I certainly have big shoes to fill. During Dr. Houpt's tenure, many of the most exciting advancements at UNC Health Care and the School of Medicine have occurred. Under his leadership, we multiplied our NIH funding, established a solid financial foundation, acquired Rex Healthcare and opened the North Carolina Women's and Children's hospitals. His contributions have been significant, and I look forward to building on his good work."

A pediatrician, Roper served as dean of UNC-Chapel Hill's nationally renowned School of Public Health from 1997 until today. He holds dual appointments as professor of pediatrics in the School of Medicine and as professor of health policy and administration in the School of Public Health.

Dr. Roper began his career in public health in his home state of Alabama, where he was health officer for the Jefferson County Department of Health from 1977-83 and assistant state health officer for the Alabama Department of Public Health from 1981-83. After serving as a White House Fellow in 1982-83, he spent the next seven years in a variety of key positions in Washington, D.C., including special assistant to the president for health policy; administrator of the Health Care Financing Administration, the federal agency that oversees Medicare and Medicaid; director of the White House Office of Policy Development; and deputy assistant to the president for domestic policy.

In 1990, Dr. Roper was tapped to lead the national Centers for Disease Control and Prevention in Atlanta. He joined Prudential HealthCare in 1993 as president of the Prudential Center for Health Care Research and was named senior vice president of Prudential HealthCare the following year. He held that post until assuming the deanship at Carolina in 1997. Recently, U.S. News and World Report again ranked UNC-Chapel Hill's School of Public Health as the nation's top public health school at a public university. It is known and respected for its teaching and research on issues such as health care, nutrition, chronic illness, infectious diseases, family health, and environmental sciences.

A graduate of the University of Alabama, Dr. Roper earned his medical degree at the University of Alabama School of Medicine and his master's degree in public health from the University of Alabama at Birmingham School of Public Health.

UNC Physicians announces several staffing changes

UNC Physicians, a newly created entity within the UNC Health Care System, recently announced a number of staffing changes.

SIBERT

Tom Sibert, MD, who since 1998 has served as executive vice president of clinical services for UNC Health Care and medical director and chief operating officer of UNC Physicians & Associates, has accepted a position as associate vice chancellor for the UCLA Faculty Practice group. In that role he will be one of the key executives leading the UCLA Medical Sciences Campus. He will be leaving UNC at the end of July and has agreed to serve as a senior advisor to UNC Physicians until his departure.

"Though we will sorely miss his contributions, we thank him for his and his team's exemplary service at UNC and in wish him well in his new endeavor," said William L. Roper, MD, MPH, chief executive officer of UNC Health Care.

Dr. Sibert first joined UNC Health Care in 1996 as co-director of the UNC Health Plan, after serving in a variety of positions at Duke University Medical Center. His list of accomplishments at UNC is long and distinguished. He has been instrumental in the growth and national stature of UNC Physicians & Associates as a group practice and as a modern practice plan. Under his administration, ambulatory operations have expanded, patient satisfaction has improved, and UNC's community-based clinics have grown to account for more than 20 percent of UNC Health Care's total outpatient visits, with sites taking on new patients from throughout the middle of the state. Administrative office statistics for UNC P&A lead some the best practices in the nation in a number of areas, and UNC P&A has maintained a strong fiscal foundation.

To ensure continued success, a new administrative team reporting directly to Marschall Runge, MD, president of UNC Physicians, has been appointed. Keith Gran will take on the position of chief operating officer for UNC Physicians. In this position Gran

will share administrative leadership with Jeanne Chamberlin, the newly appointed chief financial officer for UNC Physicians.

GRAN

Since August 2000 Gran, a certified public accountant who has a master's degree in business administration, has served as assistant chair for administration in the UNC Department of Medicine. He previously held similar positions in the equivalent departments at Michigan State University and University of Texas Medical Branch at Galveston.

Chamberlin has served since September 2002 as chief financial officer for UNC Physicians & Associates. Previously she held the positions of associate director for UNC P&A and manager of information services for UNC Health Care

Roper speaks about public perceptions of obesity, other health-care issues

What the public thinks about health and health care was the subject of a speech given April 5 by William L. Roper, MD, as part of the Distinguished Lecturer Series at Riverside Theatre in Vero Beach, Fla.

Dr. Roper is dean of the UNC School of Medicine, vice chancellor for medical affairs and chief executive officer of the UNC Health Care System.

His speech was entitled "What Does the Public Think About Health and Health Care? How Does That Shape our Public Policy Debates?" In it, he discussed public perceptions of three broad topics: individual health (current health issues such as obesity and tobacco use), access to health care (uninsurance and Medicare), and public health (public health challenges and preparedness). He outlined the political debates on these topics and champion allocating resources to these areas.

Entering its sixth season, the Distinguished Lecturer Series of Vero Beach brings world-renowned experts to Vero Beach to discuss national and global issues affecting politics and economics. Other speakers featured this season have included:

Karen Hughes, an adviser to President George W. Bush who formerly oversaw the White House offices of Press Secretary, Media Affairs, Speechwriting and Communications;

Tim Russert, NBC's senior vice president and Washington bureau chief, who serves as producer and moderator of Meet The Press and anchor of CNBC's The Tim Russert Show;

Richard Perle, the former assistant secretary of defense for international security policy under President Ronald Reagan.

Stewart appointed interim chief financial officer

William L. Roper, MD, dean of the UNC School of Medicine and CEO of the UNC Health Care System, appointed W. Alan Stewart interim chief financial officer for UNC Health Care.

Stewart will serve in that position while a national search is undertaken to identify a permanent appointee. The interim CFO will oversee financial services for UNC Health Care and the UNC School of Medicine. Stewart will work closely with UNC Hospitals Chief Financial Officer Charles Ayscue and financial officers of Rex Healthcare, UNC Physicians & Associates and the UNC School of Medicine.

"I am pleased that Alan Stewart will once again be joining our ranks," Dr. Roper said. "His previous service at both UNC Hospitals and Rex Healthcare has positioned him well to hit the ground running and help keep UNC Health Care's financial affairs in order through this transitional period."

Stewart was the chief financial officer for Rex Healthcare in Raleigh from April 2001 until his retirement in January 2004. Prior to joining Rex, Stewart was chief financial officer for the Moses Cone Health System in Greensboro, N.C., from October 1997 until March 2001.

STEWART

He served as chief financial officer of Wesley Long Community Hospital in Greensboro from September 1993 until September 1997, when Wesley Long merged with Moses Cone. Before joining the staff at Wesley Long, Stewart spent 10 years as associate director of fiscal services at UNC Hospitals, from 1983 to 1993. Stewart has also worked in public accounting and held positions in the Internal Revenue Service and the U.S. Air Force.

Stewart is a graduate of Fairmont State University in Fairmont, W.Va., and is a certified public accountant. He and his wife Kay have one son, Grant, who lives in Wilmington, N.C.

UNC Heart Center, Chatham Hospital team to bring mobile catheterization

Cardiac catheterizations are a common tool in the diagnosis of heart disease. But until recently, local residents had to travel 30 to 50 miles to have the procedure performed. All that has changed, thanks to a unique partnership between Chatham Hospital and the UNC Heart Center. The two organizations have teamed to bring a mobile cardiac catheterization unit to the community each week to deliver expert care closer to home.

"Heart disease is the number one cause of death for both men and women whether white, black or Latino, making early diagnosis and treatment of the disease imperative," said Woody Hathaway, CEO of Chatham Hospital. "That's why we chose to partner with the UNC Heart Center to provide expert diagnostic care close to home, and we believe it will prove to be a great convenience for patients and their families."

Catheterizations are an important tool in the diagnosis of heart disease. During the procedure, a small, tube-like medical device is used to explore the heart and to determine if there is a blockage and whether surgery, angioplasty or a stent is needed.

The mobile catheterization unit visiting Chatham

Hospital features the same, state-of-the-art equipment available at major medical facilities and is staffed by highly experienced nurses and technicians. The team is led by Mauricio Cohen, MD, assistant professor with the UNC School of Medicine and director of the Mobile Catheterization program at the UNC Heart Center.

Dr. Cohen is a specialist in interventional cardiology, peripheral vascular disease, and general cardiology. He also is fluent in Spanish, allowing him to work directly with members of the local Latino community to improve access to care and services.

During his weekly visits to Chatham, Dr. Cohen not only performs catheterization procedures, but also consults with patients and their physicians on appropriate treatment plans.

"Our patients receive very personalized care and seem very pleased with the experience," Dr. Cohen said. "They have my attention and that of our staff from the time they arrive until they leave."

If a catheterization procedure determines that further care is needed, Cohen and his team arrange for patients to be quickly transported to UNC for more advanced cardiac interventions or surgery – typically performed on the same or following day.

Due to the close link between heart disease and diabetes, Dr. Cohen also will participate in Chatham Hospital's nationally certified educational outreach programs on diabetes self-management. Diabetes, smoking, hypertension, high cholesterol levels, weight and stress are among the leading risk factors for heart disease.

Photo by Tom Hughes

Central Park Jogger visits
Trisha Meili, left, the "Central Park Jogger," visited the UNC rehab center in May. Meili was brutally raped and beaten in New York in 1989, and now shares her story of recovery with others.

Art, mental health come together in schizophrenia art exhibit

For several patients of the UNC Department of Psychiatry STEP (Schizophrenia Treatment and Evaluation Program) program, April 18 was a hallmark day. It was the opening of a four-month exhibit – Brushes with Life: Art, Artists, and Mental Illness – at the North Carolina Museum of Art, and they are the featured artists. (See photos in Special Events, page 24)

After considerable planning, the museum and the Department of Psychiatry initiated a yearlong series of programs in May 2003 to provide structured, creative opportunities for psychiatric outpatients. Along with psychiatrists and other mental health professionals, artists and art therapists conducted a successful pilot series of workshops at UNC with patients and staff that included painting, drawing with pencil and oil pastels, and clay projects. Additional workshops were held through early 2004 and wrapped up with a day of instruction at the museum. The final result – an exhibition at the museum that will conclude with a traveling show to visit various parts of North Carolina through arts councils and other venues.

"The STEP art gallery committee is very excited about our exhibit at NCMA," said Nancy Clayton, MD, assistant professor of psychiatry and chair of the STEP Art Committee. "We hope to highlight the talent of our artists and demonstrate that artists dealing with mental illness can be creative and productive. The reception and exhibition at NCMA brings our artists' work to a larger public audience and hopefully target stigma associated with chronic mental illnesses such as schizophrenia and bipolar disorder."

UNC Health Care and AstraZeneca support this initiative, with a goal to promote mental health awareness and advance the understanding, prevention and treatment of mental illness across North Carolina. The exhibition was celebrated with an opening reception on May 8, in conjunction with May as N.C. Mental Health Awareness Month.

Brushes with Life: Art, Artists, & Mental Illness is a patient art gallery located on the third floor of the North Carolina Neurosciences Hospital – in the halls approaching the Psychotic Disorders Inpatient Unit. This unit is a part of STEP, which provides inpatient and outpatient care of patients dealing with psychotic symptoms or illnesses such as schizophrenia and schizoaffective disorder.

The gallery features artwork from former STEP inpatients, current STEP clinic outpatients, and clients from Club Nova, a local clubhouse for the mentally ill in Carrboro. The goal and purpose is to provide both inpatients and outpatients of STEP with an opportunity to display their artwork and, since its inception, approximately 100 patient-artists have had their artwork displayed in the permanent gallery. By inspiring patients to be creative and productive using different

mediums for expression, the hope is to portray mental illness in a more positive light, thus decreasing the social stigmas surrounding such mental illnesses as schizophrenia and bipolar disorder.

—Crystal Hinson Miller

UNC Hospitals first in N.C. to offer 'blood washing' treatment

Gary Simpson tried just about everything to lower his extremely high cholesterol levels, but nothing seemed to work.

He had heart bypass surgery at age 35. After that, he took medications for many years that helped keep his cholesterol in check. Due to side effects, he was unable to keep taking those medications, and his cholesterol levels skyrocketed. Recently, he had to have a stent placed in his heart because more blockages had formed.

Doctors consider a total cholesterol level of 200 milligrams per deciliter of blood or greater to be high enough to require medical intervention. By this standard, Simpson, a 50-year-old resident of Fayetteville, N.C., was way off the chart. He had a total cholesterol level that exceeded 300 milligrams per deciliter of blood, and his LDL or "bad" cholesterol level alone, at 260, far outweighed his HDL or "good" cholesterol level.

Then, about six months ago, he started a new treatment at UNC Hospitals, called LDL apheresis. In this procedure, the patient is connected to a machine that removes or "washes" excess levels of low-density lipoprotein (LDL cholesterol) out of the blood, and then returns the cleaned blood to the patient. Patients receive the treatment, which lasts 2-3 hours and lowers LDL levels by up to 83 percent, once every two weeks. It's similar to an older procedure called plasma-exchange, which filtered both LDL and HDL, but LDL apheresis offers the advantage of filtering out LDL only while leaving the patient's HDL ("good" cholesterol) level unchanged.

Before starting on LDL apheresis, Simpson said, he generally felt bad all the time. He had trouble breathing, couldn't do simple yard work around his home, and was afraid to go anywhere because of his condition.

Now, "I feel a lot better than I did before," he said. "I'm doing things now that I couldn't do before."

Simpson is typical of the type of patient who can benefit from LDL apheresis, said Dr. Ross J. Simpson, a professor in the UNC School of Medicine's division of cardiology, who is not related to Gary Simpson, the patient.

"LDL apheresis is a very effective treatment for patients whose cholesterol levels are extremely high, often because of a genetic predisposition, and for whom no other treatments have helped," Dr. Simpson said. "In patients with a family history of extremely high cholesterol, studies show that apheresis reduces coronary events, such as a heart attack, by 72 percent. So apheresis doesn't just lower cholesterol; it is literally life-saving."

But LDL apheresis is not for everybody. To be considered eligible for LDL apheresis, notes Julie Ruch, a nurse practitioner and director of the UNC Heart Center's Lipid Clinic, patients without existing heart disease must have an LDL level greater than 300 milligrams per deciliter and be on maximum drug therapy or unable to tolerate drug therapy. Patients who do have documented heart disease and are on maximum drug therapy or cannot tolerate drug therapy must have an LDL level greater than 200 milligrams per deciliter to be eligible for LDL apheresis.

The machine used in the treatment, called the Liposorber system, is sold by Kaneka Pharma America Corp., which is based in New York City. Liposorber treatment is available in only a small number of medical centers nationwide, and UNC Hospitals is the only provider in North Carolina that offers it. Previously, the closest centers for this treatment were in Baltimore, Md., and Charleston, S.C.

The UNC Lipid Clinic is currently screening patients for enrollment into the program. To request an appointment, call (919) 966-7244. Additional information about LDL apheresis is available at the UNC Heart Center's Web site, www.uncheartcenter.org.

UNC, Moses Cone partner to open Hepatitis C practice in Greensboro

A new medical practice opened in April in Greensboro to treat the growing number of people who have chronic hepatitis C. Medical Specialty Services is a partnership between Moses Cone Health System and the Liver Diseases Program at the UNC School of Medicine.

"This is a tremendous benefit to the community," Angie Orth, vice president, Support Services, Moses Cone Health System, said. "Currently, people with hepatitis C travel out of town to obtain care and treatment. This enables them to receive medical care locally by a team of experts from the UNC School of Medicine in the management and treatment of this disease."

Michael Fried, MD, professor of medicine at UNC and a national leader in hepatitis C treatment, will serve as medical director for the new practice.

"We are pleased to be able to partner with an outstanding hospital system, such as Moses Cone Health System, to provide highly specialized care for hepatitis C," Dr. Fried said. "We have developed a healthcare team dedicated to managing this complex, but curable, disease, and we are all looking forward to providing care for the Greensboro community and surrounding areas."

Hepatitis C is a liver disease that kills 8,000-10,000 Americans a year. That number is expected to triple in the next 10 to 20 years. The disease infects an estimated 12,000 people in the Piedmont. Hepatitis C is transmitted through exposure to blood from an infected individual. The newest medicines can cure hepatitis C in more than 50 percent of those who are treated. People evaluated at the Greensboro practice must be referred by their doctor.

The practice is located across from The Moses H. Cone Memorial Hospital. It will open three days a week and be staffed by doctors and nurse practitioners from UNC's Division of Gastroenterology and Hepatology. In addition to Fried, the UNC physicians who will see patients in the new office are Drs. Mark Russo, Roshan Shrestha, Dickens Theodore and Steven Zacks. Two UNC nurse practitioners, Suzanne Lowe and Karen Dougherty, also will work at the practice.

Initial funding for the practice comes from the Moses Cone-Wesley Long Community Health Foundation.

Loyalty Fund Leadership 2003-2004

Thank you to the alumni volunteers who served on steering committees for the class reunions and area campaigns conducted in fiscal year 2003-04 (July 1-June 30). These volunteers made the campaign a success.

Area Campaign Co-Chairs

Atlanta
Lisa A. Gillespie, M.D. '94
Saundra A. Maass-Robinson, M.D. '81

Buncombe County
Lisa L. May, M.D. '93
Susan R. Mims, M.D., M.P.H. '93

Durham/Orange County
Robert A. Bashford, M.D. '71
William E. Easterling, Jr., M.D. '46
James E. Manning, M.D. '85
Lawrence M. Raines III, M.D. '93

Forsyth County
J. Whitman Mims, M.D. '94
Harold C. Pollard III, M.D. '74
C. Fredric Reid, M.D. '74

Guilford County
Paul D. Barry, M.D. '76
Otis N. Fisher, Jr., M.D. '59

Mecklenburg County
John E. Barkley, M.D. '90
Dr. and Mrs. R. Dean Butler '86
Jonathan K. Levine, M.D. '86

New Hanover County
H. Grady Morgan, Jr., M.D. '77
Edward W. Whitesides, M.D. '88

Wake County
Holly J. Burge, M.D. HS
Robert E. Littleton, M.D. '81
Charles V. Pope, M.D. '76
Randall W. Williams, M.D. '85

Reunion Campaigns

Class of 1949
Hoke V. Bullard, Jr., M.D.
Co-Chair
J. Dewey Dorsett, Jr., M.D.
Co-Chair
Christopher C. Fordham III, M.D. Co-Chair
John M. Gambill, M.D.
F. Sidney Gardner, Jr., M.D.
Robert A. Griffin, M.D.
Edwin W. Monroe, M.D.
Frank T. Shafer, M.D.
Edward C. Sutton, M.D.
G. Earl Trevathan, Jr., M.D.

Class of 1954
James C. Parke, Jr., M.D.
Co-Chair
Cornelius T. Partrick, M.D.
Co-Chair
Malcolm Fleishman, M.D.
Robert S. Jones, M.D.
William H. Weinel, Jr., M.D.
Edward S. Williams, Jr., M.D.
Stephen G. Wilson, Jr., M.D.
Virgil A. Wilson, M.D.

Class of 1959
Joel S. Goodwin, M.D.
Co-Chair
R. Lee West, M.D.
Co-Chair
Robert W. Brawley, M.D.
D. Whitaker Davis, M.D.
Otis N. Fisher, Jr., M.D.
Robert L. Green, Sr., M.D.
Morris A. Jones, Jr., M.D.
James A. Kiley, M.D.
Robert M. Stevenson, M.D.
C. Carl Warren, Jr., M.D.

Class of 1964
W. Kirby Kilpatrick, Jr., M.D.
Co-Chair
Noel B. McDevitt, M.D.
Co-Chair
Roy L. Curry, Jr., M.D.
James F. Earnhardt, M.D.
G. Patrick Henderson, Jr., M.D.
E. Carmack Holmes, Jr., M.D.
D. Charles Hunsinger, M.D.
Ronald L. Mauldin, M.D.
Malcolm N. McLeod, M.D.
Robert J. Pierce, Jr., M.D.
Robert E. Price, Jr., M.D.
Frank Sabiston, Jr., M.D.
James L. Williams, M.D.

Class of 1969
J. Hugh Bryan, M.D.
Co-Chair
Henry J. MacDonald, Jr., M.D. Co-Chair
Joseph D. Russell, M.D.
Co-Chair
John G. Briggs, Jr., M.D.
P. Eugene Brown, M.D.
W. Woodrow Burns, Jr., M.D.
Don C. Chaplin, M.D.
Bertram W. Coffer, M.D.
C. Ellis Fisher, M.D.
G. Patrick Guiteras, M.D.
John E. Hanna, M.D.
Edward W. Haselden, Jr., M.D.
Ada D. Hayes, M.D.
Edward H. Lesesne, Jr., M.D.
George E. Newsome, M.D.

Class of 1974
Robert M. Alsup, M.D.
Co-Chair
Paul S. Camnitz, M.D.
Co-Chair
H. Clifton Patterson III, M.D.
Co-Chair
Charles B. Beasley, M.D.
Thomas W. Bouldin, M.D.
William E. Bowman, Jr., M.D.
J. Randolph Forehand, M.D.
Donna E. Frick, M.D.
Joseph M. Jenkins, M.D.
Sheppard A. McKenzie III, M.D.
Clyde Nolan, Jr., M.D.
Harold C. Pollard III, M.D.
David A. Rockwell, M.D.
David E. Tart, M.D.
David T. Tayloe, Jr., M.D.
Kenneth H. Wilson, M.D.
William G Wilson, M.D.

Class of 1979
Elizabeth A. Eagle, M.D.
Co-Chair
Sharon M. Foster, M.D.
Co-Chair
Darlyne Menscer, M.D.
Co-Chair
Andrew H. Balder, M.D.
Walter E. Daniel, Jr., M.D.
Eric L. Dean, M.D.
Charles O. Harris, M.D.
Anne T. Keifer, M.D.
John C. Keifer, M.D.
Harold P. Overcash, M.D.
J. Mark Rowles, M.D.
Richard L. Sigmon, Jr., M.D.
William L. Stewart, M.D.

Class of 1984
Howard W. Newell, Jr., M.D.
Co-Chair
Sharon R. Stephenson, M.D.
Co-Chair
Paul E. Viser, M.D.
Co-Chair
Margaret L. Gulley, M.D.
Ronald P. Hargrave, M.D.
James R. Harper, Jr., M.D.
Elizabeth W. Koonce, M.D.
Robert P. Lineberger, M.D.
R. Glen Medders, M.D.
Joseph M. Payne, Jr., M.D.
Richard G. Saleeby, Jr., M.D.
Robert A. Sammons, Jr., M.D.
Thomas C. Spangler, M.D.
Denny C. Tate, M.D.
Cathy W. Thomas, M.D.
Robert A. Wainer, M.D.
Rolf B. Wallin, M.D.
Robert E. Wiggins, Jr., M.D.
John W. Williams, Jr., M.D.

Class of 1989
William H. Kelly, M.D.
Co-Chair
Kenneth S. Maxwell, M.D.
Co-Chair
T. Arthur Payne, M.D.
Co-Chair
G. Bradley Sherrill, M.D.
Co-Chair
D. Scott Covington, M.D.
Betsy M. English, M.D.
Frederick A. Frohbose, M.D.
Douglas B. Hansen, M.D.
Cherri D. Hobgood, M.D.
Rosemary Jackson, M.D.
Daniel M. Kaplan, M.D.
D. Robert Williams, Jr., M.D.
James S. Williford, M.D.

Class of 1994
Laura H. Bachmann, M.D.
Co-Chair
Julia E. Norem, M.D.
Co-Chair
John W. Rusher, M.D.
Co-Chair
Bristol R. Winslow, M.D.
Co-Chair
Debra L. Bynum, M.D.
A. Shay Davis, M.D.
Karen M. Eller, M.D.
Sherif A. Farag, M.D.
Frank A. Frenduto, M.D.
Sujata V. Ghate, M.D.
Jeffrey C. Johnson, M.D.
Kent W. Kercher, M.D.
Kenneth C. Lennon, M.D.
Keith L. McCormick, M.D.
J. Whitman Mims, M.D.
Susan P. Peterson, M.D.
Robert T. Stone, Jr., M.D.
James A. Thompson, M.D.

The Class of 2004 campaign leadership team.

Chris Buck, Sarah Wood, Molly Blackley and Dean Roper.

Campaign leaders Molly Blackley, Sarah Wood and Chris Buck.

Beach Ball 2004 generates $80,000 for Lineberger

More than 500 people turned out for the Beach Ball, a fundraiser held April 24 at University Mall in Chapel Hill for the UNC Lineberger Comprehensive Cancer Center. The focus of the annual event was to celebrate survivors and great caregivers in the community and to raise awareness and support for UNC's cancer research, treatment and prevention programs.

The event raised over $80,000.

Lineberger is the largest research entity on campus, with 220 faculty members from more than 25 departments across campus. Center faculty treat cancer patients, conduct research into the causes of cancer, direct statewide programs in cancer prevention and train future physicians, nurses, scientists and public health professionals.

"So many people gave generously of their time and services to make this evening such a success, raising awareness of and funds for UNC Lineberger, the place where I was treated for cancer eight years ago," said Mary Seagroves, Beach Ball chair. "We'll be back next year."

For more information, go to www.unclineberger.org /news/2004/beachball.

Participants have fun at the Beach Ball.

Fashion show raises money for North Carolina Children's Hospital

As OutKast's "I Like the Way You Move," blared, UNC junior Sarah Desforge sashayed in her kaleidoscopic Chip and Pepper jeans, Noelle tunic and Summer Rio pumps, while Hollywood fashion designer Carla Blizzard hosted.

"How do you get noticed this spring?" Blizzard asked the 100-strong audience in the ultra-chic and modern Caju salon in Chapel Hill's Meadowmont Village. Her answer: "Wear bright colors."

In April, Caju salon — along with Fleur, Monkee's and SoHo Shoes — held its first Spring Celebrity Style fashion show. The event will be held annually.

Blizzard, whose firm has worked with stars including Nicole Kidman and Jennifer Aniston, dressed seven college-age models for a four-segment fashion show. Money raised from the show was donated to the N.C. Children's Hospital.

"Kids are something that we all really love, and they matter a lot to all of us," said Patricia Hattwick, owner of Caju salon, which opened in November and recently was rated as one of the top three salons in the United States by *Salon Today* magazine.

"Everyone was pushing us to do a grand opening, but that seemed really frivolous," Hattwick said. "We wanted to say, 'Hey, we're here,' but also help some people."

The event's two shows raised $2,000 from ticket sales at $10 per ticket, and 10 percent of salon product sales also went to the hospital.

Jenny Spry, director of the N.C. Children's Hospital, said money raised from the show was not allocated for any specific items but probably would go to purchase teaching mannequins and other educational materials for parents of children in the hospital.

"This will literally help kids from all over the state," she said.

Most attendees were 25 years old or older, Hattwick said, though there were some younger girls present at the show with their mothers. People came from throughout the Triangle area, and a full third of them were from Raleigh, she said.

Despite a bevy of attendees from outside of Chapel Hill, all of the models who strutted their stuff were university students, six from UNC and one from Duke University.

They had been preparing for the show for the previous week, getting spray-on tans, waxings and highlights in their hair.

Desforge said she is no stranger to fashion shows, having dabbled in pageants and modeling in high school. But this was the first event she participated in for charity, and she said she was excited about the chance to don various ensembles.

"I'm one of those girls who's really into clothes," she said.

The models' clothes were selected by the participating stores and varied in price from $50 to $500 per outfit, Blizzard said.

Lindsay Speros, a UNC sophomore who participated in the show, said that this was her first time modeling and that she had spent 12 hours last week preparing. One challenge was changing quickly between outfits.

"You just lose all modesty," she said.

Speros might not have been used to the fast-paced world of modeling and fashion shows, but fashionista Blizzard was no stranger to the whirlwind pace. She flew in from Los Angeles for her brief stay in the Triangle.

She said that this fashion show was a little more relaxed than others she has done in the past and that she enjoyed working for a charity.

Bobbie Lesane, an administrative assistant from The Medical Foundation of North Carolina, Inc., echoed this sentiment. Lesane came to represent the hospital and to introduce Blizzard to the audience.

"I think it's wonderful," she said before the show. "Anything that raises money for the Children's Hospital is just great."

—Adam Rodman

Reprinted with permission of The Daily Tar Heel

development

SAS Institute performers give concert to benefit N.C. Children's Hospital

Musical performers from SAS Institute staged a concert April 25 to raise money for the pediatric hematology and oncology program at the N.C. Children's Hospital.

The concert, featuring the SAS Institute's 21-member show choir, Vocal Motion, and its 11-piece band, Audio Kudzu, took place at the barn in Fearrington Village, eight miles south of the UNC-Chapel Hill campus. The music ranged from the 1940s to contemporary music, with high-energy dance numbers and Broadway ballets, including a special Hawaiian beach section for children from Disney's Lilo and Stitch.

All proceeds went directly to the pediatric hematology and oncology program.

New development staff named

There have been a number of additions to the development staff. Here's a look at who is new in School of Medicine fundraising:

Randy Mounce is the director of Development for the Thurston Arthritis Research Center. Prior to joining the center in March, Randy spent the last nine years in the United Way system. He graduated from the University of Houston where he received a bachelor's degree in Journalism with a concentration in Public Relations. He worked for small PR and Advertising firms in Houston, Texas, before joining United Way in 1995; first as campaign director in Bay City, Michigan, for two years before relocating to the Triangle United Way in 1997. In 2000 he was promoted to vice president of Community Campaigns. Among his volunteer activities, Randy has served as a youth mentor for Big Brothers/Big Sisters and Haven House for eight years, an Excellence Fund Corporate Committee member for The Medical Foundation in 2001 and a Board of Directors member for Leadership Raleigh.

MOUNCE

Wendy Hauswirth is assistant director of Development for the UNC Lineberger Comprehensive Cancer Center, where she manages the annual giving program as well as other projects for the Cancer Center. A graduate of Wittenberg University, with a bachelor's degree in Spanish Language and Literature, she began her fundraising career by accident as an administrative temp for the Children's Defense Fund in Washington, D.C., two months before graduation. Prior to joining UNC, she was director of Annual Giving for The Columbus Academy. Wendy and her husband, David, moved to Durham last summer.

HAUSWIRTH

Alyson Newman joins the UNC Lineberger Comprehensive Cancer Center Office of External Affairs as director of Development Services. She has a long background in fund raising, having served in the development offices of the Durham Arts Council, Durham Academy and Triangle Hospice/Duke Community Hospice Services. She is currently president of People of Faith Against the Death Penalty and a member of Mt. Sylvan United Methodist Church. Alyson and her husband, Bill, live in north Durham with their 16-year-old twins, Emily and Greg.

NEWMAN

Ashley Cannon is director of Development for the Department of Family Medicine. Ashley graduated from Wake Forest University in 1995 with a bachelor's degree in politics. She received her law degree from UNC-CH in 2001 and is a licensed attorney in North Carolina. While at UNC Law School, she served as the assistant to the director of Alumni Affairs. Following law school graduation, Ashley joined Duke University Medical Center's Office of Development and Alumni Affairs as the assistant director of Planned Giving. She assumed her current position at UNC in April.

Lauren Brown Memorial already raises $16,000

Efforts are continuing at a strong pace to memorialize Lauren Brown, the third-year medical student who died this past fall after a courageous battle with the eating disorder anorexia nervosa. Through a campaign that kicked off in February, classmates and family of Lauren have already raised nearly $16,000 toward a lectureship in the Department of Psychiatry to educate medical professionals and other caregivers about the research and clinical practices of eating disorders.

This initiative is being coordinated within the department through the UNC Eating Disorders Program, headed by Cynthia Bulik, PhD, William R. and Jeanne H. Jordan Distinguished Professor of Eating Disorders. Though not open during the time of Lauren's struggle with anorexia, this comprehensive program plays a large role in educating clinicians, teachers, and students campus-wide about the dangers of eating disorders and the needs for treatment and research throughout North Carolina. In addition, it hosts one of the only academic programs in the Southeast providing inpatient, partial hospitalization, and outpatient care to eating disorders patients.

For more information about the fund, contact Crystal Hinson Miller at (919) 962-9427 or email hinsonmiller@med.unc.edu. More information about the UNC Eating Disorders Program can be found at http://www.psychiatry.unc.edu/.

—Crystal Hinson Miller

from the president

Dear Fellow Alumni and Friends:

It is my honor and privilege to have the opportunity to serve as your Medical School Alumni Association president for 2004-05. I would like to express our gratitude to John Foust, MD, for his excellent leadership as alumni president. John has many years of devoted service to our medical school. He is the "Godfather" of the Loyalty Fund.

The most important change for our medical school is William Roper, MD, MPH, assuming the leadership as dean of the UNC School of Medicine, vice chancellor for Medical Affairs and chief executive officer of the UNC Health Care System. Dean Roper's credentials are superb. He has earned a distinguished record as a national leader in medical affairs in academics, the private sector and in the federal government. He brings his life long commitment to excellence to our school.

In 1954 Carolina graduated its first class of four-year medical students. During the past 50 years we created a culture of excellence through the hard work of a succession of outstanding deans and dedicated faculty. As Dean Roper wrote in his UNC Medical Bulletin letter: "The aspiration of faculty, staff and students is for Carolina to be among the top 10 academic medical centers in the nation. ... We have the basics in place for such a quest."

We do have the basics in place. Our faculty is "Top 10" and is committed to teaching, patient care and research. Our students continue to achieve higher MCATs and higher grade point averages. They are increasingly involved in research and community service. We enjoy strong alumni support. In 2002-03, 50 percent of our living medical alumni gave to some area of the medical school.

This continued strong support is critical in maintaining our culture of excellence. As we strive to be in the top 10 of academic medical centers, we will need to increase our support and participation. The Loyalty Fund, the annual unrestricted alumni fund, is at the heart of important programs that support students, scholarships and professorships. This support is vital to our ambitious quest.

Our peer and our neighboring medical schools are also ambitious. The funds we raise and our level of participation are not only important to ourselves. These are a measure that outside sources of financial support such as private and public foundations deem important. They tend to invest in those whom invest in themselves.

Annual unrestricted fund comparisons from 2002-03:

SCHOOL	PARTICIPATION	UNRESTRICTED GIVING
Chicago	31%	$433,000.00
Duke	35%	$807,000.00
Michigan	16%	$692,000.00
Wake Forest	45%	$592,000.00
Washington Univ.	39%	$1,050,000.00
UNC	41%	$752,000.00

I hope that we can all disagree with the esteemed Southern philosopher, Pogo, when he said, "We are surrounded by insurmountable opportunities."

Sincerely,

George W. Cox MD '66

CME/Alumni Calendar

August 21 – Chapel Hill
Pediatric Gastroenterology

Sept. 11 – Chapel Hill
Fetal Alcohol Syndrome Disorder: Research to Practice

Sept. 16-17 – Chapel Hill
Lipid Management Training Program

Sept. 17-18 – Chapel Hill
N.C. Cardiovascular Update

Sept. 18 – Chapel Hill
Fall Co-Founder's Meeting

October 2 – Chapel Hill
Family Day and White Coat Ceremony

October 28 – Chapel Hill
The Norma Berryhill Distinguished Lecture

October 29-30 – Chapel Hill
Fall Alumni Weekend

Nov. 11-12 – Chapel Hill
Lipid Management Training Program

Nov. 19-21 – Chapel Hill
Psychiatry Across the Ages and the Ham Symposium

Feb. 11-12 – Chapel Hill
Annual Geriatrics Conference

Feb. 26 – Chapel Hill
Pain, Addiction and the Law

For more information, go to **www.med.unc.edu/alumni and www.med.unc.edu/cme.**

Estate Planning Notice

Many individuals would like to make a major gift to the UNC medical center, but cannot commit current assets for such a purpose. Through a will, however, anyone can make a more significant gift than they might ever have thought possible by designating a specific sum, a percentage, or the residue of their estate for the benefit of the medical center.

To provide a bequest, simply include a paragraph in your will naming The Medical Foundation of North Carolina, Inc. as a beneficiary. For example:

"I give, devise and bequeath (the sum of $_____) or (_____ % of my estate) or (the residue of my estate) to The Medical Foundation of North Carolina, Inc., a 501(C)(3) created to maintain funds for the UNC medical center with principal offices located at 880 Airport Road, Chapel Hill, North Carolina."

This language creates an unrestricted bequest for use by the medical center when and where the need is greatest, or you may specify that your gift be used for a particular purpose.

For further information on bequests, contact Jane McNeer at (919) 966-1201, (800) 962-2543, or Jane_McNeer@unc.edu.

Nonprofit Organization
U.S. Postage
PAID
Chapel Hill, NC
Permit No. 24

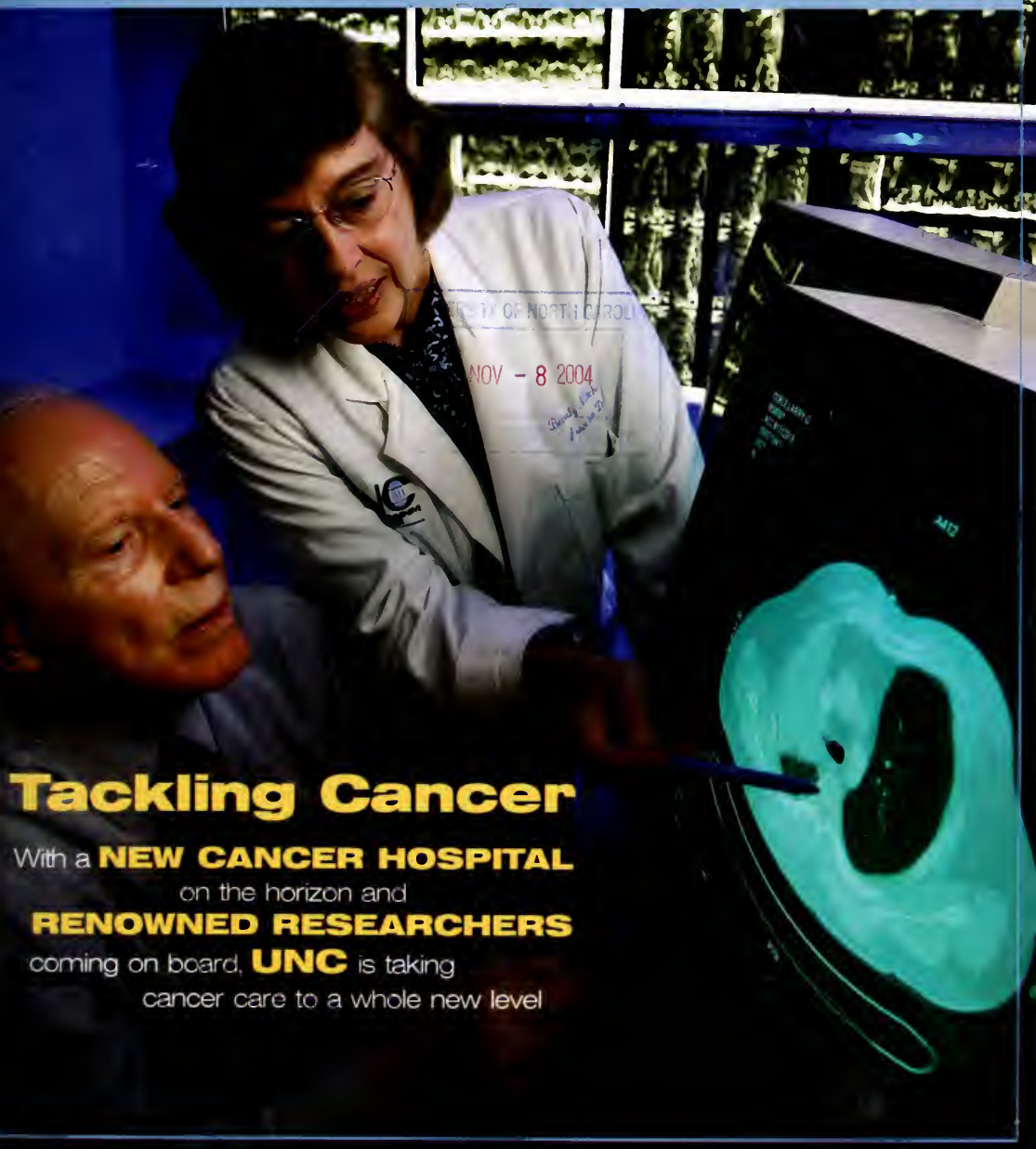
PERIODICALS
HEALTH SCIENCES LIBRARY
CB 7585
CAROLINA CAMPUS 7585

Fall 2004

THE EDUCATION ISSUE

UNC Medical Bulletin

A publication for alumni and friends
of the University of North Carolina at Chapel Hill School of Medicine and UNC Health Care



NOV - 8 2004

Tackling Cancer

With a **NEW CANCER HOSPITAL** on the horizon and **RENOWNED RESEARCHERS** coming on board, **UNC** is taking cancer care to a whole new level

from the dean

Dear Alumni and Friends:

As you know, the UNC Health Care System is about to build a new state-of-the-art North Carolina Cancer Hospital. This summer, the North Carolina General Assembly voted to approve, and the governor signed, the bill that will allow funding for this important endeavor.

When I was dean of the UNC School of Public Health I was often asked to speak about what I saw as the most pressing health problems facing our state. One that made it to every list was cancer. Cancer is at the center of so many of our challenges and opportunities in health care. Cancer is related to long-term challenges in our state and in the nation more broadly — the aging of the population, our changing demographics, the growing obesity epidemic among both young people and adults, our use of tobacco products. And the cost of cancer – not just to individual families, but to our state and nation — is a very heavy burden.

Cancer is also at the heart of great opportunities in health care – advances in the science of genomics and the genetic elements of cancer, better understanding of preventive measures, and exciting developments in treatment that have revolutionized how people think about this dread disease. Our Lineberger Comprehensive Cancer Center is a national leader in researching and furthering the treatment of cancer. As a leading school of medicine and academic medical center, it is our responsibility to prepare our students and residents to meet these challenges and maximize these opportunities with the best possible clinical facility, and I am delighted to be a part of this great institution as we move forward on this project.

On the other hand, although this project is of great consequence to us and our patients, to the institution it is a natural step forward, one of many that have defined its enduring excellence and will continue to do so. As I worked among the noise and dust of renovation and construction this summer, I thought about that fact. When I visited with a cancer survivor whose treatment took place in our old 1950s sanatorium, I thought about that fact — that our institution has a long history of facing challenges and will continue to do so.

The North Carolina Cancer Hospital is the newest chapter of that proud history.

I look back with gratitude to those who came before me and provided outstanding leadership to get us where we are today. I look forward to a stimulating time of planning and building for this next stage of growth. And I look out with pride at our faculty and staff, our students, and our valued alumni who have helped us all along the way.

Sincerely,

Bill Roper

William L. Roper, MD, MPH

Dean, School of Medicine

Vice Chancellor for Medical Affairs

CEO, UNC Health Care System

The University of North Carolina at Chapel Hill

contents

COVER STORY
A seamless experience 2

FEATURES

A true calling 10

Facing new challenges 13

Thoroughly entrenched 14

Conquering a divide 16

School of Medicine office helps foster faculty scholarship 18

School of Medicine receives full 8-year accreditation 20

DEPARTMENTS

From the Dean . . . . . Inside Front Cover

Alumni 21

Special Events 22

Research 25

Faculty 38

News 30

Development 36

Faculty 38

From the President . . . . . Inside Back Cover

CME/Alumni Calendar . . . . . Back Cover

page 2

page 10

page 14

on the cover

Beverly Mitchell, MD, chief of the Hematology/Oncology division, with a patient. UNC has vamped up its cancer services – and has a $180 million new cancer hospital on the way. *(Cover photo by Brian Strickland)*

The UNC Medical Bulletin is published four times annually by the UNC-Chapel Hill Medical Alumni Association, Chapel Hill, NC 27514. Postage is paid by the nonprofit association through U.S. Postal Permit No. 24. Address correspondence to the editor, Office of Public Affairs & Marketing, School of Medicine, CB#7600, University of North Carolina, Chapel Hill, NC 27514.

Medical Alumni Association Officers

President
George W. Cox, MD '66
Atlanta, GA

President Elect
William M. Herndon Jr., MD '81
Charlotte

Vice-President
Theodore C. Kerner, MD '85
Lewisville

Secretary/Treasurer
Cliff Patterson, MD '85
Raleigh

Editorial Staff

Karen McCall
Vice Pres. Public Affairs & Marketing

Lynn Wooten
Editor, Asst. Dir. Public Affairs & Marketing

William Arey, Dick Broom, Catherine Clabby, Bernadette Gillis, Tom Hughes, Leslie H. Lang, Tom Maltais, Jan McColm, Rebekah Temple and Eleanor Lee Yates
Contributing Writers

Dan Sears, Dianne Shaw and Brian Strickland
Photographers

A seamless **experience**

Paul Godley MD, PhD, associate professor of Hematology/Oncology, examines a cancer patient.

Leading-edge research. Team-oriented therapies. A multidisciplinary approach. UNC's cancer programs wrap patients in care.

By Eleanor Lee Yates

Looking back, Kischa Pena thought something might be wrong. True, she was pregnant and tired much of the time, with little energy. When knots appeared on her neck, she feared the worse. At 20, Pena was diagnosed with non-Hodgkin's lymphoma.

The Efland, N.C., resident is now juggling motherhood with chemotherapy. On a recent weekday afternoon Pena, wearing an oversized baseball cap to hide her hair loss, sat near her young son. Since February she has traveled to Chapel Hill every three weeks.

Now her cancer is in remission.

"I come up on Wednesday for the first treatment," she said. "I rest on Thursday. I get the second treatment on Friday, and I come back on Monday for my red and white blood cell shot." With just two more treatments to go, she is eager to resume the full life she had before cancer. But she will never forget the doctors, nurses and staff who have touched her life with their clinical innovation and kindness at the North Carolina Cancer Hospital, home of the UNC Lineberger Comprehensive Cancer Center.

Established in 1975 and initially known for its basic research, Lineberger has expanded in all aspects of cancer care and research. The center, along with the UNC School of Medicine and UNC Health Care, tracks about 10,000 patients a year. UNC Hospitals admitted 3,510 patients with a diagnosis of cancer last year, and cancer patients made more than 85,000 outpatient visits to UNC.

Attracted by UNC's multidisciplinary approach to cancer care, patient numbers have increased over the last five years. Patients come from all over North Carolina.

"One of the biggest misconceptions about the comprehensive cancer center is that it's 'that building across Manning Drive,' " said H. Shelton Earp III, MD, director of Lineberger.

One of 38 National Cancer Institutes-designated comprehensive cancer centers, Lineberger is recognized for research in major diseases: one of the original four Specialized Programs of Research Excellence (SPORE) in breast cancer; a prostate Center of Excellence; and a new SPORE in gastrointestinal cancers. Overall, scientists hold over $150 million a year in research funding, making UNC one of the nation's best in National Cancer Institute and National Institutes of Health funding.

UNC covers the spectrum of cancer research with programs in laboratory science, clinical research and population sciences. Clinically, multidisciplinary oncology programs involving radiologists, pathologists, surgical, radiation, pediatric and medical oncologists are available in virtually every tumor type. There is a strong emphasis on translating research between programs, moving results from the basic science laboratories into the clinic and taking clinical and basic findings into the state to understand the cause and prevention of cancer in populations.

One of UNC's strengths is scientific diversity. Lineberger members hold faculty appointments in university departments across the Schools of Medicine, Public Health, Dentistry, Nursing, Pharmacy and the College of Arts and Sciences. New collaborations are planned with Information and Library Science, Journalism and Business, as well.

"This is the Carolina way," Dr. Earp said. "We're known for collegiality. Our people work well together. Working across boundaries is what makes this place special."

Richard Goldberg, MD, associate director for Clinical Research at Lineberger, arrived at UNC last year from the Mayo Clinic, where he had chaired its cancer center's Gastrointestinal Research program.

"The complexity of a patient's cancer can be such that having a team of doctors from surgery, radiation and medicine working together is the best way to beat it," he said.

During Dr. Goldberg's time in Minnesota, the Mayo Clinic got a new facility that focused on multidisciplinary practices. "Then I come here and see that UNC already does this naturally and well, even without having a building," he said.

Multidisciplinary teamwork will get even better with the new $180 million North Carolina Cancer Hospital. (See related story)

"North Carolina is growing, and as our population ages, the 35-percent recent rise in cancer patients is only a harbinger of future growth. Our patient numbers will double. Thanks to the North Carolina General Assembly and Gov. Easley, the new cancer hospital will enable us to serve our growing patient population," Dr. Earp said.

The new hospital will mean consolidated support services for all cancer patients, improved clinical research and more innovative care options. Another resource will be a prevention clinic for citizens of North Carolina at high risk for cancer.

In the new hospital, UNC's multidisciplinary oncology teams will have specially designed videoconferencing to connect with physicians throughout the state. "High-end videoconferencing will allow more treatments to be done in patients' communities and will build on the outreach work already performed through the Area Health Education Centers (AHEC)," Dr. Earp pointed out.

continued on page 5

A new way to fight cancer Genomics may lead to treatments

By Catherine Clabby
The News & Observer

Using a new scientific toolbox, UNC-Chapel Hill geneticist Charles Perou, MD, identifies strains of breast cancer never detected before.

But just down the hill in a cancer clinic, UNC-CH oncologist Lisa Carey, MD, still watches women die from those strains.

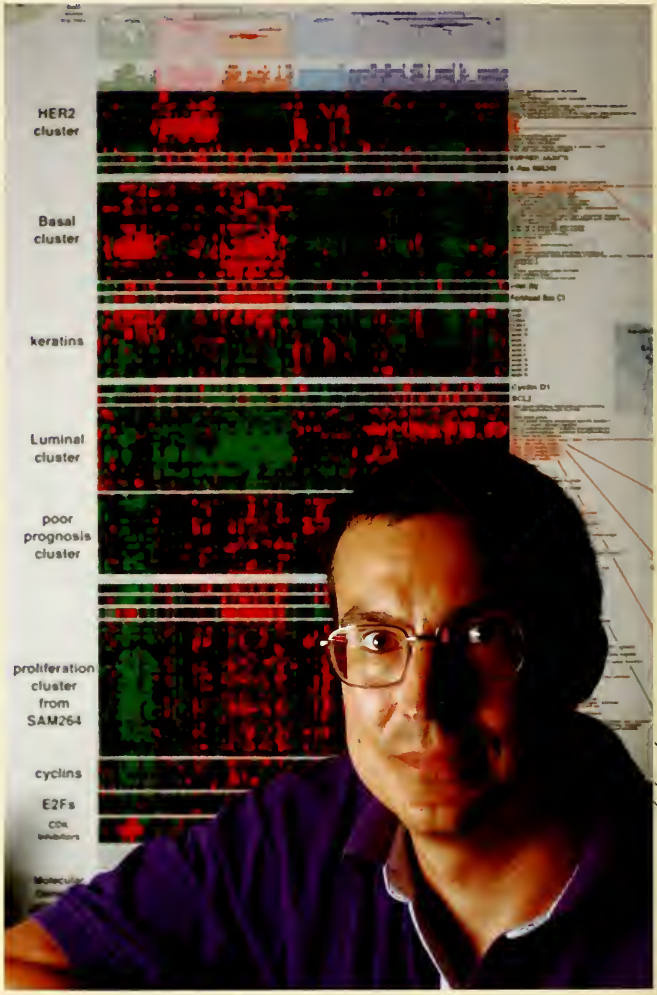
Such is the news from the front lines of the genetics war against cancer. Scientists are unlocking the molecular secrets of the disease, but treatment hasn't caught up.

The lag between the lab bench and the doctor's office is a natural one, Drs. Perou and Carey said. Step one comes before step two in any pursuit.

Still, the promised payoff from the merger of genomics and medicine can't come soon enough, says Sue Moore, who is an advocate for breast cancer patients in North Carolina.

"Everyone wants an answer to the problem now," said the Rocky Mount resident, who was diagnosed with breast cancer 16 years ago and knows plenty of women who did not beat the disease.

Breast cancer remains a leading cause of cancer deaths among American women, second only to lung cancer. The American Cancer Society predicts more than a quarter-million American women will be diagnosed this year.



Dr. Perou wants to know what makes lethal cancer cells tick.

Photo by Harry Lynch/The News & Observer

Dr. Perou, an assistant professor credited with a pioneering technique now used in gene study, envisions a future in which custom-made drugs supplant some of the toxic compounds now crowding most medicine cabinets. The key to finding those drugs is a more precise understanding of what makes lethal cancer cells tick.

Today, doctors still classify breast cancer primarily by looking at it. They measure the size of tumors, the distorted shapes of their cells and how far those cells have spread through a patient's body. They also screen those tumors for sensitivity to drugs.

Oncologists are able to use specialized drugs, such as tamoxifen or herceptin, for only a fraction of tumor types. Usually, the only practical choice they have is to throw one toxic chemotherapy regimen after another at patients and hope for the best.

"We want individualized medicine," Dr. Carey said. "I want to be able to say: 'Mrs. Jones, this is what you need.' "

That quest begins in the laboratory. Using what is called population genetic studies, Dr. Perou and others observe key factors in cancer invisible under any microscope. They identify which genes are active in tumor cells, even which genes might encourage them to grow out of control.

Getting there is a painstaking process. Researchers record genetic activity in scores or hundreds of tumor cells, one by one. Computers then hunt down significant patterns of activity in every selected gene in each tumor.

In 2000, Dr. Perou identified five patterns that indicate different strains, or subtypes, of breast cancer. Some genes play a bigger role than others in their out-of-control growth.

Scientists hone in on those as potential targets for treatment. Then they hunt for known drugs or new compounds that might cripple them.

Drs. Perou and Carey think they might have a new match. A clinical trial they are organizing would focus on a tumor strain that Dr. Perou identified as especially aggressive.

To get there, the geneticist and the oncologist will need each other.

The subtype that Drs. Perou and Carey have in their cross hairs affects up to 20 percent of women with breast cancer. In one survey, it appeared to strike African-American women more often than others.

In test-tube studies conducted elsewhere at UNC-Chapel Hill, growth of this type of tumor cell was slowed by a drug used to treat other types of cancer. With their clinical trial, which could begin this fall and involve eight medical centers throughout the country, Drs. Perou and Carey want to see whether the drug cripples the aggressive cancer in people.

After patients receive the treatment, doctors will check to see whether their tumors shrank or, at least, grew more slowly. Then Dr. Perou will perform his genetic screens to identify which patients had the aggressive strain they want to target.

Such steps are being pursued in all sorts of cancer research. And they are generating big hopes among doctors and patients.

"This gives you a lot more information than the crude things we now use. It's a big jump," Dr. Carey said. "This is the direction for all of oncology."

Reprinted with permission of The News & Observer *of Raleigh, N.C.*

Cancer work evolves

Dr. Earp noted that during the 1970s and '80s, under Dr. Joe Pagano's leadership, Lineberger flourished in basic science research, "which is still remarkably strong." The mid-1980s saw the growth of public health and epidemiology, early detection and prevention research.

"With the arrival of Joel Tepper and the commitment of multiple clinical departments and chairs and UNC Hospitals, the 1990s saw unprecedented growth in the clinical care and clinical research programs. The institution recruited both junior and senior clinical oncologists. Having attracted the best and the brightest to the center's clinical programs, UNC began to offer state-of-the-art clinical oncology care based on the team approach," he said.

Now UNC is a shining example of both fundamental science and translational research.

Dr. Tepper said stellar teamwork has been the key to UNC's strength in developing translational research — moving discoveries from the laboratory to the patient, as well as bringing information about the patient back to the lab. Dr. Tepper, a past president of the American Society for Therapeutic Radiology and Oncology, is convinced UNC's spirit of collaboration is one of the reasons the cancer center was recently awarded its five-year GI SPORE grant. The grant will fund the development of novel therapies, cancer screening and prevention programs and population-based studies in 22 N.C. counties with an emphasis on colon cancer.

"The SPORE grants are designed to develop ideas and provide resources to support these ideas," Dr. Tepper said. Many disciplines are involved: surgical, medical, and radiation oncology, epidemiology, pathology, biostatistics and laboratory investigators.

"This is an exciting time for cancer research," said Beverly Mitchell, MD, associate director of Lineberger, professor of Pharmacology and Internal Medicine, and a past president of the American Society of Hematology. She heads the Molecular Therapeutics program in which Lineberger researchers take basic laboratory discoveries that relate to cancer and translate them into novel therapies.

"We have physicians who are both scientists and clinicians who can take problems that are relevant to patient care and work on them in the laboratory to design new therapies or supportive care," Dr. Mitchell said.

UNC fosters new ideas for clinical trials through a seed grant program, which provide enough money to take good ideas up the clinical trials pipeline. Initial positive results may then lead to larger trials sponsored by national cooperative groups or in partnership with the pharmaceutical industry.

Researchers are studying breast cancer biopsies before treatment, trying to determine what markers in breast cancer will predict response to chemo or radiation therapy. Charles Perou, PhD, has developed a technique using microarrays that look at the expression of 20,000 genes from one tumor sample.

"Using computer and statistical analysis of data we can define a group of patients who do poorly on chemotherapy or radiation based on these microarrrays. We're designing a new trial based on the findings," Dr. Mitchell said.

Photo courtesy of Dianne Shaw

Bob Orlowski, MD, PhD, left, discusses dates with Al Baldwin, PhD. Their translational research collaboration led, in part, to the development of Velcade, a drug used to treat multiple myeloma.

Clinical advancements achieved

UNC physicians perform about 80 blood stem cell transplants a year through the Bone Marrow and Stem Cell Transplantation Program for adults and children. About half are donor transplants, said Thomas Shea, MD, director of the program. Doctors obtain bone marrow cells by inserting a needle in the hip and removing marrow. Blood cells may come from the patient himself or a donor, a relative or someone through the National Marrow Registry.

UNC is at the national forefront with mini-transplants, or non-ablative transplants, Dr. Shea said.

"The goal is not to use the high doses of chemo or radiation therapy that completely depletes the patient's marrow," he said. "We are trying to suppress the patients' immune systems enough to allow them to accept new cells from the donor without as many side effects as normally occur with the traditional high doses of chemotherapy or radiation. This is a safer procedure that can be offered to older patients with other illnesses, many who have been ineligible for treatment in years past."

Individualizing a patient's treatment is of special interest to Dr. Goldberg, who is also director of Oncology Service and chief of Hematology-Oncology. By using translational sci-

Patients and families find information and comfort at UNC Oncology Patient and Family Resource Center

The little room just inside of the entrance of the Gravely Building is filled with books and brochures such as "Understanding Breast Cancer" and "What You Need To Know About Lung Cancer." There's information about support groups and insurance and videos on managing side effects of chemotherapy.

There are also compassionate people to talk to.

The UNC Oncology Patient and Family Resource Center, directed by Tina Shaban, offers solace, comfort and all the information one can digest.

"This disease hits a whole family," said Shaban, a former pediatric oncology nurse. Shaban, colleague Pam Baker – herself a breast cancer survivor – and volunteers offer support and share resources.

One practical free program is The Healing Hats collection of stylish, handmade hats from local civic groups for chemotherapy patients. Cancer wreaks havoc in many ways, including one's appearance. Volunteer cosmetologists come to UNC through an American Cancer Society initiative, "Morning of Beauty" as well as "Look Good, Feel Better." Patients get their makeup and nails done and learn skin care tips. They learn about coping with hair loss and tips on wigs, hats, turbans and scarves.

Free massage therapy is available for patients as well as their stressed-out families.

The informal Friday Morning Family Coffee time gives families a chance to talk to others facing the same challenges. The center also sponsors special art exhibits and singers, many who are cancer survivors. The office serves as a liaison for Camp Kesem, a free one-week summer camp for children of cancer patients.

Another program provides coffee table photo books for patients in the infusion room who don't feel like reading a book. A UNC Volunteer Special Grants Fund supports the program but donations are welcome. For information on the center call (919) 966-3097.

ence and obtaining a patient's blood and tissue samples, researchers can understand how best to use chemotherapy with the fewest side effects. This may involve genetic research, looking at patient's molecular makeup to help choose which drugs to use.

"At the moment this is still a research tool," Dr. Goldberg said. "In three to five years, it's going to move from research to clinical practice. Patients will come with a pathology report and X-rays, but also their DNA profile."

Dr. Goldberg was the national leader of a trial that is changing the care of colon cancer patients across the nation. This trial – FOLFOX 4 – tested a combination of drugs, including Oxalipatin, a new Platinum-based drug which, based on this work, is now becoming widely used. The drug, which is becoming the new standard of care since the FDA approved it, can prevent cancer from returning when taken just after surgery.

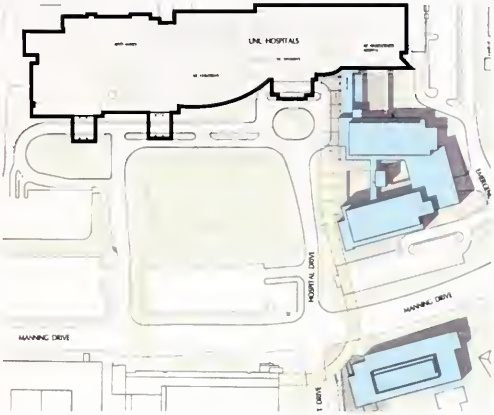
Dr. Goldberg is optimistic about the field of biologics, which interrupts biological processes that are abnormal in cancer.

"Some of the side effects of chemotherapy occur because normal cells divide just like cancer cells, but the cancer cells divide faster. Because of this, there is collateral damage to normal calls that occurs with chemotherapy targeting cancer cells. Through biologics that are specifically targeted to malignant cells or cells that support malignant cells, we are trying to focus our therapies on abnormalities peculiar to cancer and the structure the cancer recruits to support," he said. For example, a new drug, Avastin, attacks blood vessels that are growing into cancer, blocking the growth of blood vessels in the tumor.

Outreach offered statewide

UNC's School of Public Health consistently ranks among the top schools in the nation and plays a crucial role in cancer prevention and screening. Researchers in Population Sciences, many of whom are from the School of Public Health, try to understand the causes of cancer by developing tests to reduce cancer risks by increased detection. Their research covers most of the state, much of it is very practical, and many studies deliver services while answering important research questions, said Dr. Barbara Rimer, UNC Lineberger's Deputy Director for Population Studies and an Alumni Distinguished Professor in the School of Public Health.

"In some of our research, called case control studies, we study those who have cancer and those who don't," Dr. Rimer said. "We ask why one person gets cancer and



The blue portions show where the new cancer hospital and medical office buildings will be located in the hospital complex.

An architect's rendering of UNC's new cancer hospital, scheduled to open around 2009.

Photo courtesy of Dan Sears/UNC News Service

Gov. Easley, flanked by Chancellor James Moeser, left, and NASCAR team owner Rick Hendrick, signs $180 million bill.

N.C. Gov. Mike Easley signs bill to fund new N.C. Cancer Hospital

By Tom Hughes

In a ceremony held Aug. 5 at UNC Hospitals, N.C. Gov. Mike Easley signed into law House Bill 1264, which provides $180 million in funding for a new cancer hospital to be built by UNC Health Care.

UNC-Chapel Hill Chancellor James Moeser introduced Gov. Easley to an audience of more than 200, which included several key legislative supporters such as Sens. Tony Rand, Kay Hagan and Ellie Kinnaird, along with Rep. Joe Hackney and the co-speakers of the N.C. House of Representatives, Jim Black and Richard Morgan.

The governor said the bill would "provide a great improvement in health care in this state by putting in place $180 million for a new cancer center at the University of North Carolina here in Chapel Hill."

"The center will be known as the N.C. Cancer Hospital, and the people need it. The people deserve it," Easley said, noting that the number of cancer patients in North Carolina has increased by 35 percent over the last six years and is expected to double over the next 30 years.

He said further that the new hospital would replace a 1950s-era tuberculosis sanatorium "with one of the best cancer research centers in America. That is what North Carolina is about," Easley said. "Not getting by, but being the best, and we're going to demonstrate that with this facility."

After concluding his remarks, Gov. Easley introduced cancer survivor Rick Hendrick, who is better known as the owner of an automobile dealership and a NASCAR racing team. Hendrick received treatment for his leukemia in a clinical trial in Houston. That treatment was not available to him in North Carolina.

'What's so important about what you're doing here today, it's hard when you have a loved one that's diagnosed with cancer, or you're diagnosed with cancer," Hendrick said. 'But it's even tougher to leave home. It's hard on a family."

"You folks in the legislature and Gov. Easley, you ought to feel really proud today that you've done something for this state. Because you're going to help families, you're going to save lives, you're going to touch the people of North Carolina," Hendrick said.

Hendrick was followed at the microphone by William L. Roper, MD, MPH, dean of the UNC School of Medicine and chief executive officer of UNC Health Care.

"It's important in all of this that we see this in terms not just of buildings and concrete and billions of dollars and numbers of research grants and projects to be accomplished, but we need to see it in the faces of the patients that we care for," Dr. Roper said.

The funding allows UNC Health Care to speed up the planning that has already been under way for the new N. C. Cancer Hospital, which will replace an aging cancer treatment facility originally built in the 1950s as a tuberculosis sanatorium. The new hospital will also serve as the clinical home for the UNC Lineberger Comprehensive Cancer Center, one of only 39 such National Cancer Institute-designated centers in the United States.

The new seven-story hospital will be built in front of the existing N.C. Neurosciences Hospital, just to the east of the building it is to replace, the N.C. Clinical Cancer Center (also known as the Gravely Building). The construction project also will include a physician office building on the other side of Manning Drive, next to the Dogwood Parking Deck.

"The new N.C. Cancer Hospital will not only create the physical space to expand and enhance patient care, it will also create an even higher quality of care by integrating the latest advances in science with highly skilled physicians and other health-care providers," said Dr. Richard Goldberg, director of Oncology Services.

Several factors created the need for a new cancer hospital at UNC. The number of patients coming to UNC for cancer care has increased 35 percent in the last six years. That number is expected to nearly double over the next 30 years due to the aging of the population. The existing cancer treatment facility is an aging building that has already been extensively renovated. Additional renovations would not be able to accommodate the expected increase in the number of patients or the latest advances in medical equipment and technology.

This new integrated space will:

- Provide more room for a growing patient population;
- Have specially designed facilities for high-technology tumor imaging, genetic analysis and novel treatments;
- Incorporate support services for all patients;
- Enhance clinical research and innovative care options;
- Incorporate teleconferencing facilities to include community-based physicians in treatment planning for their patients, allowing most treatments to be continued in their home communities;
- Pair cancer care with a prevention clinic focused on surviving patients, their families and high-risk individuals and their families;
- Enhance UNC's multidisciplinary clinics, where a host of experts can interact with patients at one time, speeding the decision making and permitting an informed opinion that incorporates the skills of all disciplines in one visit; and
- Stimulate growth in the state's biotechnology and pharmaceutical industries by promoting the development and evaluation of leading-edge therapies in clinical trials research.

Finally, the new N.C. Cancer Hospital will boost the North Carolina economy by increasing UNC's research funding for prevention and control and clinical research. The new facility will increase UNC's capabilities to serve as a test site for novel cancer therapies and prevention studies, attracting increased funding from government agencies such as the National Institutes of Health and the National Cancer Institute, organizations such as the American Cancer Society and the Breast Cancer Research Foundation, and industry, such as pharmaceutical and biotechnology companies.

The new hospital should result in positive economic ramifications, according to UNC Health Care research and an independent study.

Conservative estimates anticipate that the new hospital could generate $26 million a year in additional research funding, providing jobs for 240 new full-time employees and 25 new clinical faculty who spend about half their time conducting research.

UNC Health Care commissioned Tripp Umbach Healthcare Consulting Inc. of Pittsburgh, the nation's leading provider of economic impact analysis for academic medical centers, to conduct a study of the cancer hospital's economic impact. In July, the consultants reported that the new North Carolina Cancer Hospital would bring about substantial new economic and social benefits to the state. The study found that cancer services at UNC currently have an economic impact of $251 million. By the time the new hospital opens in 2010, this impact should grow to $405 million – a $154 million increase.

another doesn't and how we might use that information to prevent cancer in North Carolina."

"In the Cancer Prevention and Control Program, we're focused developing effective interventions to control cancer," she added.

Researchers' backgrounds range from psychologists to nutritionists. Population Sciences organizes community-based programs, such as Dr. Jo Anne Earp's research with African-American women in eastern North Carolina to increase the number of women who get mammograms. One group of researchers is currently studying obesity and cancer. Researcher Marci Campbell, PhD, led a healthy diet program involving 3,700 rural church members in 10 eastern N.C. counties.

Dr. Laura Linnan, assistant professor of health behavior and health education, spreads the news how diet, exercise and quitting smoking can reduce the risk of cancer with a program called BEAUTY (Bringing Education and Understanding to You) at 60 regional predominantly African-American beauty salons.

One of Dr. Rimer's own projects is the Healthe Communities study, the largest of its kind undertaken. She is studying whether and how patients and families are affected by online cancer support.

"So far it looks like people we study are using online support in positive, active ways of coping and, as opposed to popular opinion, are not unhappy with their doctors," she said.

Bobbi Marks is the clinical administrative director of Oncology Services. Marks, who arrived at UNC a year ago, was senior director for the oncology service line at Evanston Northwestern Healthcare and clinical director of the Kellogg Cancer Care Centers in Chicago. Coming from the outside, she saw where improvements could be made at UNC.

"What they had here was a wonderful broad and expansive group of clinicians," she said, "but our systems were not as responsive to patients' needs as we wanted them to be."

So she set out to make changes. Already, many improvements have been made.

Throughout her work, Marks has never forgotten the lessons she learned when she was a cancer nurse.

"It's so important to help patients integrate the cancer into their lives so that it's part of their lives but not their entire life," she said.

Eleanor Lee Yates is a free-lance writer living in Wake Forest, N.C. A former reporter for The Fayetteville Observer, *she is a frequent contributor to the* UNC Medical Bulletin.

A true **calling**

Physician exemplifies school's commitment to education

SPECIAL EDUCATION SECTION

Photos by Brian Strickland

By Bernadette Gillis

Every physician has a different reason for choosing medicine. But for AnnaMarie Connolly, MD, assistant professor of Obstetrics and Gynecology, it wasn't a choice. It was a calling that was as natural as her desire to teach through her work in medicine.

"To think that I would practice medicine and not be involved in teaching never entered my mind," she said.

As a medical student completing a fourth-year acting internship at UNC and then later as a resident in UNC's Department of Obstetrics and Gynecology, Dr. Connolly learned early on about the importance of teaching. "Teaching was always a major part of my training," she said. "The fac-

ANNAMARIE CONNOLLY, MD

Hometown: Centerville, Mass.

Education: Mount Holyoke College, South Hadley, Mass., BA in Biological Sciences, 1986; Tufts University School of Medicine, Boston, Mass., Doctor of Medicine, 1991

Recent awards: Hyman L. Battle Distinguished Excellence in Teaching Award in the Clinical Sciences, Droegemueller/Bowes Junior Faculty Award, "Hooder" at the School of Medicine Commencement ceremony

Personal interests: Kayaking, running and snow skiing

Teaching philosophy: "To create an environment of respect where people feel they are heard."

ulty and my co-residents placed a wonderfully strong emphasis on teaching. Teaching was a natural extension of what we did."

Not only did Dr. Connolly learn that an environment that fostered education was important to physicians in training, she also learned that such an environment is important to patient care. "As a student and a resident, I instantly saw and experienced our department's powerful commitment to both teaching and excellent patient care. It was all about taking great care of patients."

The department's commitment to patient care and teaching was such an inspiration to Dr. Connolly that she "never looked back." She spent two years caring for patients in the private practice setting, learning from her "wonderful partners and mentors." Dr. Connolly then returned to the Department of Obstetrics and Gynecology for a fellowship in the Division of Urogynecology and Reconstructive Pelvic Surgery. Since that time, Dr. Connolly has devoted her career to the Department of Obstetrics and Gynecology, serving in various academic roles.

Currently, she is the director of the Obstetrics and Gynecology Clerkship for the School of Medicine. As director, Dr. Connolly oversees the Obstetrics and Gynecology clerkships for five Area Health Education Centers (AHEC) sites: Asheville, Charlotte, Raleigh, Wilmington and UNC. She also is site director for the clerkship at UNC. The Obstetrics and Gynecology clerkship is one of five courses medical students must complete during their third year.

Robert Cefalo, MD, PhD, interim chair and professor emeritus of Obstetrics and Gynecology, said Dr. Connolly's work as clerkship director has had a great impact on the education of medical students across the state.

"She has set up a system so medical students who rotate on OB/GYN – not only at UNC but at all AHEC sites – get the same experiences and evaluations, which is phenomenal," he said.

Carol Tresolini, PhD, UNC's associate provost for academic initiatives and former associate dean for educational development and director of the medical school's Office of Educational Development, added that Dr. Connolly has been an effective leader, making significant improvements to the clerkship.

"She has created a highly collaborative team of faculty from the various statewide AHEC sites that host the students during this clerkship," Dr. Tresolini said. "This group has worked to improve and enhance the clerkship by standardizing assessment and grading, implementing innovative tracking systems, and ensuring a clear and coherent course for all students regardless of clinical site. AnnaMarie's leadership has been key."

Dr. Connolly's work with the OB/GYN clerkship was recognized recently at the 2004 Whitehead Lecture and Awards Ceremony, where she received the Hyman L. Battle Distinguished Excellence in Teaching Award in the Clinical Sciences. The award recognizes exceptional teaching in the clinical curriculum. Third and fourth-year medical students selected her to receive the award.

Other awards have been presented to Dr. Connolly over the years, recognizing her devotion to teaching. However, she said the awards say more about her department than about her. She said, "The fact that I have been recognized speaks to how dedicated our department is to really working with so many different groups of learners."

Dr. Connolly also is course director for Reproductive Medicine/Genetics, a course taken by second-year medical students. Her duties involve coordinating lectures, small group discussions and labs for the three-week course. She works closely with faculty members from the departments of Obstetrics and Gynecology, Pathology, and Medical Genetics to develop the course curriculum. Dr. Connolly attends the class each day, making sure things run smoothly. She added, "And it's a great opportunity to get to know the students before they move into their clerkships."

Getting to know students and residents is something that brings great joy to Dr. Connolly. "It is so wonderful to see the excitement in their eyes and to witness the energy they bring as they learn," she said. "It reminds me what a privilege it is to do what I do."

Dr. Cefalo, who has known Dr. Connolly since she was a resident, said he has seen her grow into a competent educator over the years. "She has an infectious enthusiasm that generates a real understanding of the learning process for medical students and residents."

Kara Long, a fourth year medical student, first met Dr. Connolly as a second-year student and has witnessed Dr. Connolly's enthusiasm firsthand. "She's completely devoted to her students and would do just about anything to ensure that we have a fabulous OB/GYN experience. Her love for what she does is clear to us." She added, "She has convinced me to go into OB/GYN."

Long isn't the only student who has been influenced by Dr. Connolly. Dr. Cefalo said Dr. Connolly has inspired other students to pursue a career in Obstetrics and Gynecology. "Her enthusiasm for OB/GYN has been reflected in 10 percent of the upcoming seniors who have decided to go into OB/GYN. The national average is five percent."

Dr. Connolly shared that as she works daily with medical students, residents and fellows, they are not the only ones who are learning. "Teaching goes both ways all the time," she said. "You may be familiar with how to care for a patient, but when a student, resident or fellow asks you a question that challenges what you think you know, their question may invite you to approach things differently. This active interaction calls you to be sure you are doing the best you can to care for patients."

Dr. Connolly is quick to point out that despite her love for and commitment to teaching, treating patients is number one. "First and foremost, I care for patients. This is the main focus of what I do. I have always loved the science of OB/GYN and the clinical care opportunities of my specialty. My father, an OB/GYN committed to patient care and education, inspired this in me from the very beginnings of my training. It has been and remains a privilege to work with patients of all ages and walks of life."

Even with all of her work with patients, students, residents and fellows, Dr. Connolly still finds time to help her peers realize their potential as educators. For the past three years, she has served as the co-director of the Teaching Scholars Program, a yearlong symposium for School of Medicine faculty. Nominated by their department chairs, 10 to 12 faculty members participate each year. The Teaching

"I see myself continuing on in this tradition of our department's mission of commitment to the eductaion of students, residents and fellows."

Scholars meet monthly to discuss issues important to medical education. At the end of the year, they each present an educational project to their colleagues. Dr. Connolly conducts the monthly seminars along with Dr. Tresolini and Katherine Savage of the Office of Educational Development.

"One of the greatest aspects of the Teaching Scholars Program is the opportunity it affords us to sit down once a month with folks who are committed to teaching," Dr. Connolly said. "The program helps us to accomplish our educational work even more effectively. It also helps us to see how we can take some of the projects presented during the symposium to our departments."

Dr. Tresolini, who until recently was also co-director of the Teaching Scholars Program, said Dr. Connolly was instrumental in transferring many of the elements of the Teaching Scholars Program to the classroom. "This past year, she very effectively led the team of faculty who were responsible for developing and implementing the new Reproductive Medicine/Genetics course in the second year," Dr. Tresolini said.

Previously the course had only one director. With the assistance of skills from the Teaching Scholars Program, Dr. Connolly worked with Pam Groben, MD, professor of Pathology and Laboratory Medicine; Kathleen Rao, PhD, professor of Pediatrics Genetics and Metabolism; and Cynthia Powell, MD, professor of Pediatrics Genetics and Metabolism, to reorganize the course curriculum into an interdisciplinary course directed by a team of four faculty members. Dr. Tresolini said, "The result was a course that was innovative and that focused on key learning outcomes."

Although Dr. Connolly has made a significant mark on the educational programs of the School of Medicine and the Department of Obstetrics and Gynecology, she readily acknowledges there is still more to be done. She shared that faculty members constantly struggle to be clinically productive while setting time aside for education.

"I would love to participate in the development of a framework where faculty members have the time required for educational program development and scholarship," she said. "I would love to continue to foster educational leadership in our department. I see myself continuing on in the tradition of our department's mission of commitment to the education of students, residents and fellows. I just could not imagine it any other way."

Facing new **challenges**

What the **future** holds for **School of Medicine curriculum**

SPECIAL EDUCATION SECTION

By Cheryl F. McCartney, MD

Executive associate dean for Medical Education

At orientation this year, our new UNC medical students were embraced with many messages.

"It is an honor and a privilege to become a member of the medical profession."

"Strive to be worthy of your patients' trust in your knowledge, skills, and values."

"Medical knowledge is growing at an exponential rate."

"You will have to study hard in medical school, but plan to keep learning throughout your career."

"Keep a balance in your life."

And many more.

We hope these messages will stay with our new students as they settle in to their first year of study, focusing on their daily assignments and upcoming class presentations and course tests. They are confident that if they do well, they will follow the path of our alumni who achieve excellence in the country's finest residency programs and pursue a wide range of satisfying careers. They trust faculty to select course content and effective teaching methods that emphasize both mastery and the ability to apply core concepts needed for the next generation of health practice.

Beyond this, though, we want to give them tools to evaluate their competency throughout their careers and to direct their own learning of new developments in their chosen fields.

New changes already in place

To adapt to the rapid changes in medicine, ongoing improvements in the curriculum are underway. Drs. Bill Koch and Peter Petrusz will again teach their innovative Histology course with virtual microscopy. Substituting for a textbook, a DVD given to students contains digitized images selected by the faculty and a correlated syllabus.

In the first year, faculty are building on their success with a comprehensive clinical case conference about breast cancer by implementing a second case this year about trauma. The cases – integrating the basic sciences that students are learning – include interviews with simulated and real patients, student library research to answer complex clinical questions and interaction with a multidisciplinary panel of clinical and research experts to discuss their answers.

In Anatomy, traditional cadaveric dissection is now supplemented with dissection videos, produced by Dr. Noelle Granger and her faculty; organ models; plastinated transverse sections of a human cadaver; and other technologic aids. Dissection lab time has been reduced by half so students can use these materials in our new resource room for instructor supervised self-directed study. Dr. Jim Scatliff presents short Radiology correlation sessions about each anatomy lesson.

A pass/fail grading system has been adopted in the first year to promote collaboration among first-year students and to reduce the stress of their transition to the rigors of medical studies. A task force of first-year course directors will soon be ready to present its plan for a significant revision to integrate that curriculum.

MCCARTNEY

The second year curriculum revision is being fine-tuned after last year's successful initiation. Instead of the former model of departmentally based courses, students now appreciate the coordinated and collaborative presentation of all disciplines relevant to each organ system and then take one clinically oriented exam. Clinical cases, mid-course self-evaluations, career exploration panels, and virtual microscopy in pathology are improvements to be added this year.

Just before graduation, third- and fourth-year clinical curriculum will conclude with a new feature: the Capstone Course. Students who have been dispersed for clerkships and electives across the state, as well as in other states and countries, will gather at the end of fourth year for a week of study to prepare them for the transition to internship. They will consider three complex clinical cases: geriatrics, HIV and neurology. The multi-dimensional look at each patient will include basic science, quality improvement, systems-based practice, doctor-patient communication and ethics and professionalism.

Facing increased stress in third year

Similar to clerkship directors across the country, our third-year course leaders are exploring ways to cope with increasing stresses on the traditional apprenticeship model of teaching medical students embedded in hospital and ambulatory care settings. The rapid turnover of patients, increased acuity of illness, and requirements for privacy and safety all compete for time to teach and evaluate students. Increased specialization of services strains the ability to offer a generalist's view of each required clerkship specialty. Although each of the six core clerkships needs its assigned time to include all of its required content, students are requesting elective time in the third year in order to explore specialty choices.

To meet the challenges of educating medical students in the modern academic health center environment, we will need to make significant changes to the traditional style of teaching. Certainly our anticipated new classrooms, clinical teaching and assessment facilities and ongoing improvements in educational technology will have a big impact.

However, we also are exploring the creation of an Academy of Educators. These master teachers would not only be models of effective work in the classroom and on the ward, but would focus scholarly work on responding to the challenges of modern health care and new medical knowledge by developing and evaluating curricular innovation.

Photos by Brian Strickland

Thoroughly entrenched

Third-year student and Loyalty Fund Scholar pours herself into her studies – and helping the School of Medicine receive some prestigious recognition

SPECIAL EDUCATION SECTION

By William Arey

Jen Bushman (UNC '99) has three to-do lists neatly situated on her desk. The lists, titled "Lab," "Life" and "GPSF," confirm the suspicion that Bushman's life is a hectic mix of experiments, relationships and student government meetings.

Yet despite her various commitments, Bushman, a Loyalty Fund Scholar, has managed to remain deeply involved in each aspect of her life. In her fifth year of the MD-PhD program within the School of Medicine, Bushman is also serving as president of the Graduate and Professional Student Federation at UNC-Chapel Hill. She recently became engaged to David Gilner (UNC '95), and has also served on the Accreditation Student Task Force and as President of the John B. Graham Student Research Society.

"I'm definitely busy, and I have to be careful to maintain my priorities and keep balance between all of my responsibilities," Bushman said. "Some think that graduate school should be slower paced. I haven't found that to be the case. But it is more flexible."

As a member of the Accreditation Student Task Force, Bushman was uniquely involved in helping the School of Medicine retain its accreditation in 2004. Along with six of her colleagues in the school, Bushman helped to draft a student report to submit to the Liaison Committee on Medical Education as part of the accreditation process. The student task force first wrote a survey and then crafted a 130-page report to the LCME using the data they gathered. Bushman said her experiences on the committee gave her insight into the inner workings of the medical school.

It was a wonderful experience," Bushman said. "It's great to see how the School of Medicine curriculum works and how it has evolved. And we feel the results of the study really do indicate the thoughts and feelings of students."

The School of Medicine received full accreditation for the next eight years and praised the work of the Student Task Force during their site visit in January.

"I believe the report we provided will give impetus for many of the changes that will happen in the School of Medicine over the next eight years," Bushman said. "This process forces you to look in the mirror and see how well the school is working."

Bushman said she had to look in the mirror after getting her undergraduate degree before she took the next step of enrolling in the MD-PhD program. "I've gone through so many different phases," she said, noting that time spent in France as part of the Trans-Atlantic Science Student Exchange Program (TASSEP) helped her decide to attend UNC's School of Medicine.

"This is absolutely the best program and place for me," Bushman said. "The administration, faculty and students are wonderful. You need that support system and not every school had it. That's what set UNC apart for me."

Now in the third year of her PhD studies, Bushman spends most of her time in her lab on the second floor of the Lineberger Comprehensive Cancer Center. Bushman's studies focus mainly on the research of bone marrow transplantation through genetic manipulation of hematopoietic stem cells with the goals of improving HSC transplantation therapies.

Bushman said her motivation to research bone marrow transplantation stems from her involvement with the Pediatric Attention, Love and Support (PALS) Program, which matches undergraduate students with children who are generally suffering from cancer or leukemia. Bushman was matched with a 7-month old suffering from osteopetrosis, a disease that requires a bone marrow transplant.

"I visited (him) every day for three months," Bushman said. "Initially it was just to give his mom a break. But we became friends and through him and his situation I learned of and about bone marrow transplants."

Bushman said the baby's transformation after his transplant was incredible. "It's magic," she said. "They went in and brought him back to life. You know it's supposed to work, but when it does it is incredible.

"His situation led to my intense desire to study and research bone marrow transplants," Bushman said. (Though the baby had a successful bone marrow transplant, he later died at the age of 4 from an infection.)

Bushman also credited Suzanne Kirby, MD, PhD, assistant professor of Medicine and Pathology, as one of her biggest influences and motivators. Dr. Kirby is the principle investigator in Bushman's lab and also her graduate school advisor.

"I picked this lab a lot because of Dr. Kirby," Bushman said. "I would count her as a role model both as a woman and a scientist. She is a great person to talk to about life as well as science, and she is on the path I see myself on in the future."

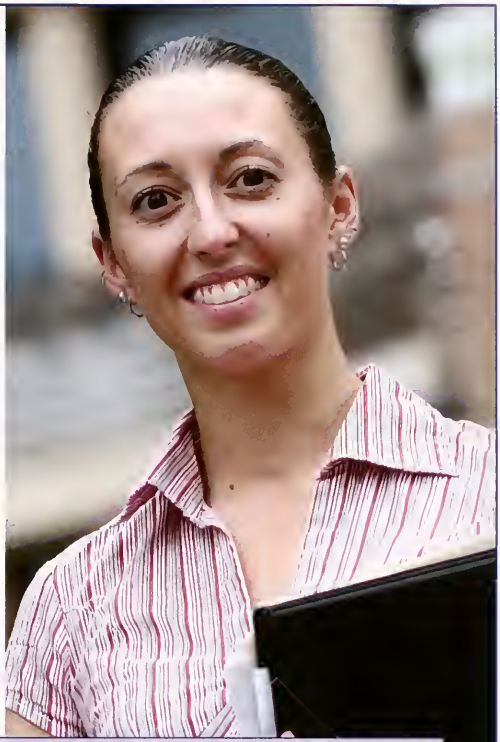
Dr. Kirby, who said she first met Bushman in 2001, credited her as being a bright, creative, and resourceful student.

"She's very enthusiastic and an incredible multi-tasker," Dr. Kirby said. "She has great leadership qualities and is usually the one to pipe up with a good solution when there is a problem in the lab, and she's also good at getting people to work together to formulate innovative and effective solutions."

Bushman also spends much of her time formulating solutions to deal with problems facing graduate students across UNC-CH's campus. As GPSF president, Bushman said her basic goal is to improve the experience for graduate students by working with the Student Body President on various social projects such as voting drives and child-care options. "Just about anything you could think of, we have a hand in," she said. "I especially want to focus career development events for graduate and professional students and generally keeping our interests on the table throughout the year."

Despite her wide range of responsibilities, it is telling that the central "to-do" list on Bushman's desk is not titled "Lab" or "GPSF," but instead "Life."

"I couldn't do all of this without my fiancé," Bushman said. "He's always there for me and it makes such a huge difference."



Jennifer "Jen" Bushman

Hometown: Apex, NC
Born in Pittsburgh, PA on January 11, 1978

Hobbies: Softball (played club softball at UNC), cycling, movies, traveling.

Pets: Two cats, Aurelius and Charlotte

Family: Engaged to David Gilner (UNC '95)

Education: Bachelor of Science in Chemistry with Biochemistry Option
Minor in French
UNC-Chapel Hill '99

Conquering a divide

SPECIAL EDUCATION SECTION

By Linda Edgerton

According to the 2000 Census, the Hispanic population in the United States more than doubled between 1990 and 2000, creating a unique burden for our nation's healthcare system and for the family physicians on the front lines. How do we serve those who don't speak English and who struggle to understand how to access basic medical care?

UNC's Department of Family Medicine has tackled that issue by adding a new language and cultural immersion component to its Working with Underserved Populations Program.

"Due to the crucial role family physicians play in delivering healthcare services, it is imperative they have the skills to communicate on at least a basic level with this growing segment of our population," said Pam Frasier, PhD, director of Working with Underserved Populations.

Last year Dr. Frasier offered Spanish-language immersion classes to the 15 students enrolled in the program, giving them concentrated exposure to the language in a short period of time. Though helpful, she knew the classes lacked the cultural component students needed to truly understand and communicate with Hispanic patients.

With the help of a Title VII Predoctoral Training Grant in Family Medicine from the Bureau of Health Professions, U.S. Department of Health and Human Services, this year Dr. Frasier and colleague Lisa Slatt, associate director of Medical Student Programs in Family Medicine, took 14 students to Cuernavaca in the state of Morelos, Mexico, for 10 days of concentrated exposure to the country's language and culture.

The trip was timed for late May to precede summer service-learning assignments in clinics and community agencies across North Carolina, where students work with family physicians and nurse practitioners to provide medical care to underserved populations. Many of these organizations now request at least an intermediate fluency in Spanish.

Each student lived with a local family during their stay in Mexico so they could practice language skills and experience first-hand what life there is like. In addition to taking daily classes in Spanish that focused on the words and phrases they would need in a medical setting, they shopped and bargained in local markets, met with community AIDS activists, visited clinics and hospitals, and spent time with curanderos (natural healers).

"Our visits with medical providers highlighted the dramatic differences between the healthcare systems in the U.S. and Mexico and helped us understand how complicated it is for new immigrants to figure out how to get the support they need," Dr. Frasier said.

Holistic healers who use traditional herbal, massage and chiropractic techniques play an important role in medical care and are often the initial point of contact, especially for the uninsured, she added. In contrast to the U.S. healthcare system, patients who need hospital care are assigned to a facility based on whether they have insurance or can pay independently for medical services. A limited number of public hospitals are available to offer free treatment to the uninsured.

"These free facilities draw patients who travel hours for treatment, and their families often camp for days immediately outside the hospital entrance, waiting to visit the patient or receive information from the hospital staff," Dr. Frasier said.

In fact, families are an important part of a patient's support network in Mexico regardless of the patient's economic standing. The UNC team visited a hospital for the very wealthy where patient rooms are adjoined by a space designed to accommodate four to five family members. They are able to stay overnight and can have meals with the patient, ordering from a hospital menu.

During their stay in Cuernavaca, students volunteered in a number of capacities. Prior to the trip, they collected medical supplies to distribute to clinics and hospitals. Two of those most fluent in Spanish shadowed local physicians in a Morelos Health Department clinic and volunteered in a small community medical facility.

The group learned many new perspectives, crossing cultural divides. Here, a healer tells her story.

Patients line up outside an urgent care clinic.

Students partnered with a local nonprofit to create AIDS awareness kits and participated in a traditional Friday evening service offered by one of the physicians at a public hospital, serving bread and coffee to the families of patients.

Laura Zimmerman, a second-year student in the School of Medicine who passed up a research project to participate in the program, said she found it invaluable to complement her language studies with cultural immersion as well.

"When you haven't experienced a culture, it can seem foreign and distant," Zimmerman said. "I was surprised at how poor the poor are, yet they have great support systems. They seem to be happy people and try to make the best of things, and poverty is secondary in their lives. I had that reinforced when I came back to North Carolina and began working with migrant farm workers. I found them to be very gentle and kind, and I discovered I had a much warmer feeling for them because of my experiences."

"I also discovered that people don't always tell you what's wrong," Zimmerman added. "You have to gain their trust. And to do that, you have to have a good feel for both the language and the culture in order to ask questions sensitively and get the answer you need."

Second-year student Adam Froyum Roise also discovered an immediate benefit from the immersion trip when he returned to begin his service learning activity with the Urban Ministries Open Door Clinic in Raleigh, N.C.

"In the first week at the clinic, I went in for a diabetes consult and acted as an interpreter for the diabetes educator," he said. "I was able to explain to her how the juice from cactus leaves is used in Mexico as a treatment for diabetes, and how it is used by our local Hispanic population here as well. Knowing that was an immediate help to her as we worked with the patient."

Though Adam had prior experience in Spanish, he found classes designed to help the students learn medical Spanish to be very useful.

"I may not understand everything, but now I get the large majority of what's going on," he said. "As a result, I feel very comfortable interacting with patients in Spanish, which I didn't before the trip."

Participating in the program along with Roise and Zimmerman were Maneesha Agarwal, Angela Blotzer, Kathyrn Ann Chwastiak, Deborah Corson, Jennifer Hobbs, Matthew Olson, Ryan Sanford, Michelle Stalnaker, Eva Shaw, Allison Valentine, Jimmy Wallace and Sarah Wood. Twelve of the students were members of Dr. Frasier's Working with the Underserved Program, while two were involved in research on health disparities, another program offered by the Department of Family Medicine.

If you are interested in learning about ways to support Working with the Underserved and the Mexico immersion program, please contact Dr. Frasier at pfrasier@med.unc.edu.

An urgent care clinic.

School of Medicine office helps foster faculty scholarship

SPECIAL EDUCATION SECTION

By Leslie H. Lang

In an attempt to facilitate the success of its faculty as they compete for research funding, the School of Medicine has an Office of Research and Faculty Development which has two major roles: to assist with large, multidisciplinary, multi-school, and/or multi-institutional grant proposals; and to assist our junior faculty members.

ORRINGER

BYRNS

The Office of Research and Faculty Development works with members of the junior faculty to facilitate the submission of their career development applications that are sent to the National Institutes of Health, professional societies, foundations, and other non-governmental organizations. Executive Associate Dean for Faculty Affairs Eugene Orringer, MD, and the Associate Dean for Faculty Development, Patricia Byrns, MD, administer these programs. Their efforts in this regard include:

Creation of a Grant Library: This service is available to junior faculty members whether or not they participate in one of the school's formal, NIH-funded junior faculty development programs.

NIH-funded K30 Clinical Research Curriculum Program: The K30 Program supports the faculty infrastructure needed to train senior fellows and junior faculty in the methodology of clinical research. Trainees in the K30 include those supported by NIH-funded training grants, by two separate institutional K12 awards, and/or by departmental funds. The structure of the K30 includes coursework, a seminar series, a research project, work-in-progress presentations, assistance with grant preparation, mock study section reviews, mentoring panels and strategic career planning.

"Our main emphasis has been on helping each junior faculty member write and obtain his or her first grant," Dr. Orringer said. "The recent renewal of this grant by NIH cited UNC as being outstanding and having created a 'highly creative and integrated program.' "

Two K12 Awards: The K30 Program is complemented by two separate NIH-funded K12 awards. A K12 grant represents an NIH grant awarded to a specific institution that is designed to provide salary support (and the necessary protected time) to a group of young scholars who are committed to academic research careers.

Thus, in many ways a K12 Award is very much like a training grant, but one that is designed for junior faculty members rather than for post-doctoral fellows.

"We expect that all of the junior faculty members who are funded by one of our K12 awards to participate in our K30 Program," said Dr. Byrns. "By assisting these K12 awardees to obtain funding for their own, independent grant, a K12 award can have a very big multiplier effect with each slot being turned over 2-3 times in a 5-year cycle."

The K12 Awards are:

Building Interdisciplinary Research Careers in Women's Health (BIRCWH) Award: The BIRCWH is a K12 grant that was awarded to UNC in the fall of 2000 as one of 12 such grants funded nationally. This K12 award brought to UNC a total of 5 years of support at $500,000 per year, almost all of which are to be used to support the salary of junior faculty.

"Thereby, these funds assure each BIRCWH Scholar of that 75 percent of his or her time is carefully protected for research," Dr. Orringer pointed out.

"In addition to assisting each BIRCWH Scholar to achieve research independence within a two-year period, our goal is to keep all former scholars involved in the program (as BIRCWH Associates), thereby assuring us of a critical mass of junior faculty with interest in, and a commitment to research in the area of women's health."

The institutional commitment to this emphasis on women's health is mirrored in the creation of the Center for Women's Health Research. During the initial years of the BIRCWH Program, the School has had a total of 19 BIRCWH Scholars and Associates.

These junior faculty members have enjoyed remarkable success in their pursuit of extramural grant support. In the current year, six Scholars continue to receive salary support from the BIRCWH award. It is also of note that of the 19 young people who have been involved in the BIRCWH since its inception here at UNC, the vast majority (17) are women.

The Mentored Clinical Research Scholars Program (MCRSP): The MCRSP is the second K12 Program that was awarded to UNC in Fall 2002. As one of 11 MCRSP awards that were funded nationally, this grant is linked closely to the General Clinical Research Center.

"Over the five year period of the grant, we anticipate that this K12 will support at least 12 Scholars who are involved in translational research. In addition, this award will provide $30,000 per year to each Scholar for his or her research development funds," Dr. Orringer explained.

Similar to BIRCWH, the salary support will bring with it a minimum of 75 percent protected research time.

"In 2002 we selected the first two Scholars from 15 applicants, two of whom are women. In 2003 we funded three additional Scholars (two men and one woman), Dr. Orringer says. "Although a relatively new program, the Scholars are starting to obtain independent NIH funding."

Intramural Awards to Enhance Diversity

The School of Medicine is fully committed to having a faculty with as much ethnic and gender diversity as possible. Toward this end, the Minority Scholars Program (MSP) was established in 1994 and is guided by an advisory committee comprised of three department chairs who select the awardees and provide guidance regarding faculty development.

Each Minority Scholar is expected to be visible

and available as a role model, and to exhibit progress along an academic path.

The MSP has also had a major impact on the junior faculty members selected as Scholars by providing protected time, and thereby enhancing their academic development and helping to retain excellent minority junior faculty.

Since its inception, MSP has provided substantial salary support to 12 minority faculty members recruited by six different departments in the school. Of these 12 individuals, 10 are African-Americans and two are of Hispanic origin.

Of the total minority faculty, 20 percent have been recruited through the Minority Scholar program and the MSP awardees account for 46 percent of minority faculty members in the School of Medicine at the assistant professor level.

Finally, most of these individuals have rapidly established strong academic records, and seven of the 10 who have been in place for at least two years hold peer-reviewed funding from the NIH and from a variety of sources. Further, a Health Resources and Services Administration (HRSA) Center of Excellence grant is assisting the School in all areas of recruitment and retention of underrepresented minorities.

The School of Medicine has a long history of nurturing young investigators, but it now seeks to accelerate both the pace of discovery of new knowledge in the prevention, detection, and diagnosis of disease and the translation of these discoveries into applications that will improve the health of the nation.

For Drs. Orringer and Byrns, the centerpiece of the school's new effort at faculty development is best exemplified by the increase in NIH-funded individual K awardees to 64 junior faculty. This, they believe, is substantially more than might be expected by either the School of Medicine's proportion or by its ranking (20th for 2003) in total NIH support.

Programs aid medical faculty in improving teaching skills

The Office of Educational Development (OED) provides several services and programs to assist faculty in improving their teaching skills.

The Excellence in Teaching Series provides workshops and seminars focused on innovative approaches to enhancing learning and instruction in medical education and provides opportunities for participants to discuss practical approaches for helping students learn more effectively.

The program, which has been presented monthly since December 2002, is targeted to faculty and residents who have responsibility for teaching in classroom, laboratory, and/or clinical settings. Attendance averages 21 participants per session. Sandro Pinheiro, PhD, directs the program. The program's Web site is http://www.med.unc.edu/oed/eit/.

The Teaching Scholars Program. Established in the mid-1980s, the Teaching Scholars Program aims to help participants (1) become familiar with major issues in contemporary medical education and (2) develop skills in instruction and assessment of learners.

This program is specifically designed for those individuals who have responsibility for educational programs or courses, or whose work includes a focus on teaching and who seek to develop their skills in that area.

Each year, 10-12 Teaching Scholars are chosen from faculty nominated by their department chairs. The yearlong program includes monthly seminars and individual projects. The latter provide participants with an opportunity to pursue individual educational interests and to report their results to their colleagues at a symposium and graduation at the conclusion of the program.

Graduation from the program confers recognition as a scholar in medical education and provides the School of Medicine with a source of talent in education. Seventy-six graduates of the program currently are members of the faculty, and many are active participants and/or leaders in the medical school curriculum.

The program's Web site is www.med.unc.edu/oed/teachschol.

The Visiting Clinician Program is an individualized CME program for community-based primary care preceptors of UNC medical students. The program is intended to ensure that these preceptors' teaching is clinically up-to-date. Each participant develops a unique learning plan tailored to individual needs and interests. Program staff arrange a series of one-day visits for the participant with appropriate faculty members, with whom the visitor works one on one to achieve the individual's learning objectives.

The program maintains an extensive menu of options, each with a designated faculty host, which has grown larger each year and currently includes approximately 200 offerings across multiple specialties. Learning activities include observation of clinical care; discussions with faculty, residents, and patients about specific clinical problems and questions; referrals by faculty to additional sources of information; and attendance at special or regularly scheduled departmental conferences or presentations. Since the program's inception in 1996, 120 clinicians have participated. Harvey Hamrick, MD, serves as Medical Director. The program's Web site can be found at www.med.unc.edu/oed/vcp/.

Web-Based Resources. OED provides information about topics and resources related to teaching through its Web site, www.med.unc.edu/oed/facdev.htm. This site includes information specifically for course directors (Nuts and Bolts for Course Directors), information about resources such as the Standardized Patient Program and the Assessment Item Management System, and general information on a variety of educational topics, including teaching strategies, student assessment, assessment of teaching, and teaching portfolios. The Toolbox for Assessing and Improving Teaching (www.med.unc.edu/oed/toolbox/welcome.htm) was added to this site in Spring 2003 to provide assessment instruments that faculty can use to assess their teaching in a variety of settings as well as information about selecting and effectively using various teaching strategies.

The Front Line newsletter for community preceptors is sent quarterly to all community-based faculty who teach UNC medical students. All Front Line issues also are available online at www.med.unc.edu/oed/frontline. Regular features include a listing of conferences and continuing education opportunities, commentaries on challenging situations in precepting students, focus on a selected preceptor or course director, and information from the Health Sciences Library.

The Expert Preceptor Program was developed in conjunction with the North Carolina AHEC Program to assist community-based faculty in developing their teaching skills.

This 11-module program is available in three formats—independent study, seminar, and online. Materials to support the first two formats were developed by OED and distributed to the regional AHECs for local implementation. The online version, the Expert Preceptor Interactive Curriculum (EPIC), was developed by OED with support from the Fund for Improvement of Post-Secondary Education (FIPSE) (U.S. Department of Education) and is available at www.med.unc.edu/epic. Content is the same across all three formats. Modules 1-3 focus on clinical teaching skills: setting the stage, effective teaching in the community practice, and evaluating performance and giving feedback. The remaining modules emphasize techniques for teaching students about topics critical to contemporary community-based care: teamwork in health care, information technology, evidence-based care, clinician-patient relationships, changing health care environment, health promotion/disease prevention, working with the community, and cultural competence.

The OED's faculty development program coordinator is Katherine Savage.

School of Medicine receives full 8-year accreditation

SPECIAL EDUCATION SECTION

By Tom Hughes

Last January, a survey team from the Liaison Committee on Medical Education conducted a full accreditation site visit at the UNC School of Medicine.

Several months later, in July, the LCME notified the School with very good news. Accreditation had been granted for a full eight-year term, the longest period possible.

The results of this voluntary, peer-review process validated a tremendous amount of hard work that involved more than 200 people at all levels, from students to staff to faculty and administrators. Together this group spent a year and a half conducting a self-study of the school in preparation for the site visit, producing more than 1,800 pages of documents in the process.

These efforts made a very positive impression on the LCME.

"Careful attention was given to preparing the medical education database that was a full accounting of the school's programs," the LCME wrote in its final report. "There was ample evidence that a large number of faculty and staff had taken the self-study seriously and participated fully in the preparation of the report which was complete and showed attention to detail."

The LCME was equally effusive in praising the work of UNC's medical students in the accreditation-review process.

"The student analysis was exceptionally well done with extensive graphics and detailed analyses," the LCME report states. "The response rate for classes was remarkable with first, second, and third-year students varying between 85.9 and 93.6% and the fourth-year students responding at 79.4%."

Cheryl McCartney, MD, executive associate dean for medical education, said she was very proud of these statements in the LCME report, because they reflect the commitment of both students and faculty to maintain a modern, excellent medical student education program.

"I think that if I look back over the work that I've done in the years that I've had this job, most of the pleasures that I've had have been in strengthening the curriculum governance structure and building the relationships between the faculty and the administrators and our students," she said. "All of those relationships have gotten stronger and more collaborative, and that is the bridge over which all of this program change has happened."

Jen Bushman, a fifth-year MD-PhD student who served on the Accreditation Student Task Force, said the task of preparing their Student Report to the LCME was a great deal of work, but was worth every bit of the effort.

"The overall impression we gathered from our data is that UNC students believe we have a high quality medical school that prepares us well for our careers as physicians," Bushman said.

"The bottom line is: it feels wonderful to get that kind of confirmation from the student body as a whole. Sure, we all have our complaints about one thing or another – but even in the case of negative experiences, UNC students feel comfortable voicing their opinions with confidence that the school will respond and make changes accordingly," she said.

The LCME's final report to the School of Medicine cited several institutional strengths:

Former Dean Jeffrey L. Houpt successfully filled 21 department chairs in seven years, "through extraordinary personal commitment and a wise use of institutional resources."

The medical school is extremely successful in meeting its mission to provide comprehensive health care to the state, excelling in both primary care and research.

The Student Health Action Coalition operates four major projects that serve the surrounding community, including a free medical clinic and home health visits for local seniors.

The Medical Education Development Program is a highly successful summer enrichment program for underrepresented minority and disadvantaged students.

The statewide Area Health Education Center (AHEC) program is a major resource for the medical school and its students.

The LCME identified the following areas as requiring attention:

- Integration of curriculum, and a demonstrated ability to effect change in the curriculum where indicated.
- Policy and procedures for dealing with perceived mistreatment of medical students.
- Quantified and consistent measures of the students' clinical experiences.
- Faculty and resident issues regarding cultural sensitivity.
- Aspects of student performance assessments.
- On-call space.

Efforts are already under way to generate improvement in those areas. *(See separate article by Dr. McCartney in this issue of the* UNC Medical Bulletin*).*

"We are making many efforts to improve this," she said. "We are revising and expanding our medical student curriculum in cultural competency, but in order to reach our faculty as well, we are planning to use our invited lectureships this year to have respected national experts educate us."

"We have made presentations about the findings of student perceived mistreatment and about our policies to address these problems to the departments, to the AHEC faculty, to the incoming residency class, and to our students," Dr. McCartney said. "I have already heard feedback from administrators and students that these concerns are being taken seriously."

The LCME will provide consultation to the School of Medicine's leadership regarding the issues requiring attention and will return for a limited survey visit during the 2005-2006 academic year.

Dr. McCartney expressed sincere appreciation to the faculty, students, and administrators who contributed to the self-study. "For our students, watching all of us be open to constructive feedback from all members of the medical community, and using it to make changes, was a wonderful model for their future practice. We want them to value lifelong learning and continuous vigilance to quality improvement," she concluded.

50s

R.J. Blackley, CMED '51, MD '53, is now a semi-retired mental health consultant living in Raleigh. In October 2003, the N.C. Alcohol and Drug Abuse Treatment Center at Butner was renamed the R.J. Blackley Alcohol and Drug Abuse Treatment Center. Blackley, a former director and medical director of the N.C. Division of Mental Health, Developmental Disabilities and Substance Abuse Services, reports that he still enjoys part-time work at age 82.

60s

Robert B. Payne, MD '60, received the UNC School of Medicine's Distinguished Service Award in April. Dr. Payne, who has been retired since 1991, lives in Mooresville, N.C.

80s

Stephen Deal, MD '86, recently invented and then helped Wilson-Cook Medical develop a new line of ERCP (endoscopic retrograde cholangiopancreatography) biliary accessories, named "Fusion," which was released in 2004 and is now available around the world. Dr. Deal lives in Charlotte, N.C., where he works at Carolina Digestive Health Associates. He is also a clinical associate professor in the UNC School of Medicine.

90s

George Brinson, MD '98, completed a fellowship in otology/neurotology in Pittsburgh and then moved to Wilmington, N.C., with his wife, Brandy, to join Wilmington Ear, Nose & Throat Associates.

G. Waldon Garriss, MD '93, was recently named the associate chair for ambulatory education in the Department of Medicine at Vanderbilt University. Previously he served four years as pediatrics program director for the department. He also is an assistant professor of internal medicine and pediatrics.

James McCarthy, MD '91, has been awarded the 2004 Pediatric Orthopaedic Society of North America Traveling Fellowship. This fellowship involves lecturing at and touring medical centers in South America. Dr. McCarthy is assistant chief of staff and medical director of the Motion Analysis Laboratory at Shriners Hospital for Children in Philadelphia and an assistant professor at Temple University School of Medicine.

2000s

Wendy Baer, MD '01, is a psychiatry resident in Philadelphia. Baer writes that she's "enjoying [her] job but constantly delighted by [her] son Harrison who is 17 months old."

Deaths

John R. Baggett, MD '56, died in June. Dr. Baggett's specialty was internal medicine and his last residence was in New Bern, N.C. He had also been a member of the housestaff at N.C. Memorial Hospital.

Sarah L. Warren, CMED '47, died in June. Dr. Warren lived in Chapel Hill, and her specialty was family practice.

special EVENTS

Olympic medalist Dara Torres, left, joined members of UNC's cancer team, to plant a tree in tribute to people with colorectal cancer and their loved ones.

ORIENTATION

In a time-honored tradition, first-year UNC medical students launched their medical education with annual orientation sessions.

Carolina Kids Classic raises $58,000 to help pediatric patients and families

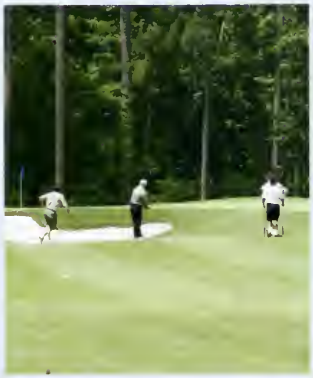
UNC coaches have more in common than just athletics. They also share a strong commitment to making sick children healthy.

They were among 128 golfers participating in the 16th annual Carolina Kids Classic on June 17 at Finley Golf Course in Chapel Hill. Leading the field was athletic director Dick Baddour, football coach John Bunting, basketball coach Roy Williams and former basketball coaches Dean Smith and Bill Guthridge. Smith was honorary chair.

The event raised $58,000 for the N.C. Children's Hospital. Additional proceeds also benefit the Ronald McDonald House and the Childhood Trust all of Chapel Hill.

According to co-founder Woody Durham, the tournament has raised almost $2 million in its 15-year history. Businessman Mike Haley founded the tournament with Durham in 1988.

"During its first 15 years, the Carolina Kids Classic has presented nearly $2 million dollars in support of the Chapel Hill Ronald McDonald House, the N.C. Children's Hospital and the Childhood Trust. The growth and success of the event can be traced directly to the generous support of our sponsors and participants. They have helped both children and families and had a good time while doing it," Durham said.



Department of Surgery alumni from 1952-1966 were recognized.

WOMACK SOCIETY

Department of Surgery Residents and friends shared the evening.

Cindy and Gary Park, president of UNC Hospitals, and Dr. and Mrs. O.C. Mendes

Tony Meyer, MD, PhD, chair, with Womack speakers, William Wood, MD, of Emory and Danny Jacob, MD, of Duke.

UNC Hospitals offers newly approved device for treating stroke

A device for removing blood clots from the brains of ischemic stroke patients that just received federal approval is now available to patients at UNC Hospitals.

Concentric Medical, the Mountain View, Calif.-based manufacturer of the Merci Retriever, received U.S. Food and Drug Administration approval last week to market the device. UNC was one of 26 medical centers nationwide, and one of two in North Carolina, that participated in a clinical trial of the Merci Retriever, called the MERCI (Mechanical Embolus Removal in Cerebral Ischemia) Trial. As a result, UNC Hospitals can now provide the device to patients who meet the appropriate medical criteria.

SOLANDER

"I think this is a very promising development," said Sten Solander, MD, UNC's principal investigator in the trial. "This will add another important tool for treatment of acute stroke. We will be able to treat patients that previously could not be helped with the one FDA-approved therapy that was available."

Dr. Solander is an assistant professor in the Department of Radiology and chief of interventional neuroradiology.

UNC's co-investigators from the Department of Neurology were Souvik Sen, MD, associate professor and director of the UNC Stroke Treatment and Prevention Program; and Ana Felix, MD, and David Huang, MD, both assistant professors.

"In 1996 the FDA approved TPA, a 'clot-busting' medication for treatment of acute stroke, and the Merci Retriever is only the second form of treatment of acute stroke to be approved since then," said Dr. Sen. "Approval of this device may potentially change the way acute stroke is treated, especially in patients who do not qualify for TPA. In concert with UNC Air Care we are able to provide this state-of-the-art treatment to acute stroke patients in the state of North Carolina."

An ischemic stroke occurs when a blood vessel in the brain is blocked by a blood clot, which can impair brain function and cause severe disability or death. Each year approximately 581,000 people in the United States suffer an ischemic stroke, accounting for 83 percent of strokes.

The Merci Retriever is a corkscrew-like device that is navigated into the brain through a small plastic tube called a catheter, which is inserted inside a patient's artery through a small incision in the groin. Once the Merci Retriever reaches the blood clot, a physician uses the device to capture and remove the clot. During the clinical trial, Dr. Solander performed this procedure at UNC Hospitals on patients referred by Drs. Sen, Felix and Huang.

The Merci Retriever

The clinical trial evaluated the device in 141 patients who were ineligible for treatment with TPA, or tissue-plasminogen activator, which must be administered intravenously within three hours of stroke onset. The Merci Retriever can be used up to eight hours after onset, but it is always best for patients experiencing stroke symptoms to seek treatment as soon as possible. Examples of patients ineligible for TPA treatment include those with bleeding disorders or those who've had prior surgeries that increase their risk of bleeding.

Gary Curtis, president and CEO of Concentric Medical, said, "Our goal has been to develop a straightforward technology that will change how stroke is treated around the world. In the United States alone, stroke rates are increasing as our population ages, and costing the U.S. economy an estimated $53 billion annually. By working with stroke centers to increase the public awareness of the Merci Retriever and stroke symptoms, we expect to greatly improve stroke management."

At UNC the evaluation and treatment of stroke patients is coordinated by the Stroke Treatment and Prevention Program, which recently received Disease-Specific Care Certification from the Joint Commission on Accreditation of Healthcare Organizations in the first-ever nationwide certification program for evaluating stroke care provided by hospitals.

The UNC Stroke Program is a comprehensive, multi-department program led by the Department of Neurology. It was established under the leadership of Frank Longo, MD, PhD, chair of Neurology, in 2002. The Stroke Program currently includes Drs. Sen, Solander, Felix and Huang and a stroke-care coordinator (Susan Wilson, N.P.), all of who have played major roles in its development. The Stroke Program includes an acute stroke team, a state-of-the-art, six-bed Stroke Treatment and Prevention Unit, a stroke clinic, and stroke research efforts including a stroke statistics database and clinical trials.

Note: An animated video that shows how the Merci Retriever works is available at http://www.unchealthcare.org/images/Merci_video.mpg.

Program to prevent teen tobacco use achieves good results

A state initiative sponsored by the N.C. Health and Wellness Trust Fund (HWTF) and aimed at preventing and reducing tobacco use among North Carolina teens has achieved very good results after

one year, UNC researchers said in their first evaluation report.

The teen tobacco prevention initiative, created in 2002 by the HWTF, awarded more than $6 million last year to coalitions in communities, schools and organizations working to prevent and reduce teen tobacco use, and media campaigns supporting the efforts.

"The statewide programs funded under the HWTF's teen tobacco prevention and cessation initiatives have achieved very good results across most programs in a remarkably short period of time," said Adam Goldstein, MD, director of UNC's Tobacco Prevention and Evaluation Programs and an associate professor of family medicine in UNC's School of Medicine.

"In our first comprehensive report, we have documented substantial progress toward achieving many of the primary goals of the initiative, including preventing youth from starting to smoke, reducing second-hand smoke exposure for youth, improved youth cessation opportunities and attention to disparities in youth tobacco use."

The report identifies 11 accomplishments achieved by the program in its first year, including the development of a statewide network, substantive collaboration and leadership, increased involvement of youth, more than 1,500 tobacco-control events by local and statewide coalitions and eight new 100-percent tobacco-free school policies in counties served by grantees.

In addition to school and community programs, grants also were awarded to four organizations that work to reduce tobacco use among African-American, American Indian and Hispanic young people, churches, a teen tobacco cessation program run by the American Lung Association's N.C. chapter and to a cessation program for pregnant teens offered by the N.C. Department of Health and Human Services.

UNC's Tobacco Prevention and Evaluation Programs, or TPEP, based in the School of Medicine's Department of Family Medicine, was selected to evaluate whether or not grant recipients were meeting their stated goals and how to strengthen the overall program.

Because North Carolina is still spending less on tobacco prevention than recommended by the federal Centers for Disease Control and Prevention, the report recommends that the state continue seeking ways to increase program funding. At the same time, it recognizes that a significant accomplishment of the HWTF in the first year was increased funding for its teen tobacco prevention initiatives, increasing annual funds from $6.2 million to $10.4 million a year.

This resulted in North Carolina moving from 33rd to 30th in national rankings for allocation of dollars to tobacco use prevention. For the second year, the report recommends additional funding for the program, adding that an additional $5 million annually would move the state up to 23rd based on 2004 national rankings for allocations of dollars to state tobacco use prevention.

The UNC researchers also recommend:

- Having grant recipients perform public education for benefits of increasing the state's tobacco excise tax as a proven way to reduce youth tobacco use.
- Increasing collaboration across grantee programs to assist all schools without 100 percent tobacco-free school policies to adopt them.
- Continuing to increase the quality, intensity and evaluation of advertisements used in the program's TRU (Tobacco Reality Unfiltered) media campaign.
- Encouraging all grant recipients to conduct tobacco control events aimed at reducing second-hand tobacco smoke in public places that young people frequent, such as schools, restaurants, malls, stores, entertainment venues and homes.

"Our first-year evaluation report shows not only accomplishments of the initiative's programs, but also provides evidence supporting substantive changes that can only strengthen the program in the coming years," said Dr. George Gamble, associate director of TPEP. "While long-term outcome data will only become available at the end of the initial three-year grant cycle, the initiative is showing an ability to make significant contributions to improving the health of thousands of North Carolina youth."

—Tom Hughes

Study examines residency's influence in doctors' decisions to use smoking cessation methods

Primary-care doctors who use smoking cessation methods while training as residents are twice as likely to continue doing so in their medical practice more than eight years later, new research at UNC shows.

HARTMANN

The study, which appeared in the July issue of *Preventive Medicine*, is believed to be the first to take a long-term look at the influence of residency education — specifically, preventive-care skills — on the behavior of physicians.

"Our study shows that training through exposure alone, albeit exposure to very robust smoking cessation intervention methods and materials, is almost worthless unless you managed to put it into play when you were a resident," said study principal author Katherine E. Hartmann, MD, assistant professor of obstetrics and gynecology as well as epidemiology in UNC's schools of medicine and public health.

"It's important we do more than just provide deluxe teaching and put charts, prompts and other materials into the learning environment. There must be serious expectations that residents use this training and are supervised while doing it during their residency."

U.S. residency education is based on the belief that it influences long-term practice, Dr. Hartmann said. But until now, follow-up studies assessing the

influence of specialized components of residency education, such as smoking cessation intervention training, have been short-term, measured in weeks or months.

Dr. Hartmann, also a member of the UNC Lineberger Comprehensive Cancer Center, said she is not aware of other publications on any topic in behavioral intervention training, including smoking cessation intervention, that have extended the follow-up of former residents "into the timeframe in which they have an established and mature practice style."

Study results were based on 291 doctors' responses to a three-page, 20-question written survey. All had been in residency training between 1986 and 1996 and are now primary-care practitioners in internal medicine, family medicine, obstetrics and gynecology, or pediatrics. The national group studied had been in practice an average of 8.5 years at the time of follow-up.

Half of these doctors had received smoking cessation intervention training and half had not. Such training included formal, uniform instruction from teachers trained in the National Cancer Institute's "Train the Trainer" workshops, the gold standard for smoking cessation intervention training, Dr. Hartmann said.

The primary study outcome was based on responses to an item that gave study participants a list of 16 possible smoking cessation interventions, including "best" or ideal practices such as identifying smokers, advising cessation, assisting with a plan and arranging for follow-up.

Overall, 42 percent of respondents were using best practices. But prior training alone was not associated with current use of best practices. Moreover, those who reported use of best practices in residency were twice as likely to currently use them, even after more than eight years and in a wide range of clinical practice settings, Dr. Hartmann said.

"Our findings are compatible with educational theory: Imparting knowledge alone is not as powerful as knowledge coupled with experience," she said.

"To change future practice patterns, we will need to give resident physicians training, tools, time and guidance to become comfortable and experienced in conducting smoking cessation intervention.

"While 23 percent of adults in the U.S. population are smokers, there is ample reason to continue to assure that the next generation of physicians is optimally equipped to take on the challenge of promoting cessation."

Doctors perform a central role in reducing unhealthy behaviors including smoking, said Barbara K. Rimer, MPH, DrPH, Alumni distinguished professor in the department of health behavior and health education at UNC's School of Public Health and deputy director of population sciences at UNC Lineberger.

"This important study reconfirms what we've long suspected: It takes more than classroom training to make sure a doctor will give the best help to smokers," she said. "It takes supervised experience with patients and always having the right resources on hand, and that is something that medical schools, public health officials and health-care administrators can do something about."

UNC co-authors with Dr. Hartmann were Dr. Amy Espy, Melissa McPheeters and Linda S. Kinsinger, MD, MPH.

Support for the research came from the Robert Wood Johnson Clinical Scholars Program and the Agency for Healthcare Research and Quality (formerly the Agency for Health Care Policy and Research).

White House honors UNC scientist for 'early career' achievement

Brian Strahl, PhD, assistant professor of biochemistry and biophysics at UNC, attended a White House ceremony Sept. 9 in honor of his selection for the Presidential Early Career Award for Scientists and Engineers.

The annual award is the highest honor bestowed by the U.S. government on outstanding scientists and engineers who are beginning their independent careers.

In February 1996, President Bill Clinton commissioned the National Science and Technology Council to create an award program that would "honor and support the extraordinary achievements of young professionals at the outset of their independent research careers in the fields of science and technology."

The Presidential Awards are intended to recognize and nurture some of the nation's finest scientists and engineers who, while early in their research careers, show exceptional potential for leadership.

In addition to helping support the continued development of the awardees, the awards are designed to foster innovative and far-reaching developments in science and technology, increase awareness of careers in science and engineering, recognize the scientific missions of participating agencies, enhance connections between fundamental research and national goals, and highlight the importance of science and technology for the nation's future.

Dr. Strahl's research interests are chromatin biochemistry and gene regulation. Chromatin, a complex of nucleic acids and proteins, binds DNA into higher-order structures, ultimately forming a chromosome.

The National Science Foundation and the National Institutes of Health are among 11 federal agencies participating in the awards.

Dr. Strahl's award is associated with a five-year NIH research grant. In June, Dr. Strahl was one of 15 scientists chosen as 2004 Pew Biomedical Scholars by the Pew Charitable Trusts and the University of California at San Francisco. This scholarship program offers each scientist a $240,000 award to help support his or her research during a four-year period.

Past NIH Presidential Award recipients from UNC are Dr. Regina M. Carelli, associate professor in the College of Arts and Sciences' department of psychology (2001); and Dr. Roland Tisch, associate professor in the School of Medicine's department of microbiology and immunology (1997). Dr. Scot T.

Brian Strahl, PhD, was recognized by the White House.

Martin, who was assistant professor of aquatic and atmospheric chemistry in the School of Public Health's department of environmental sciences and engineering from 1997 to 2000, received the award in 1999. (He now is a faculty member at Harvard University.)

—Leslie H. Lang

Carolina Donor Services, UNC partner in lung transplant study

Researchers at Carolina Donor Services and UNC are partnering to study whether lungs from persons who died outside the hospital setting can be suitable for transplant.

If the answer to that question is yes, the researchers say, the study could lead to a great expansion in the supply of lungs available for transplant, extending the lives of thousands of people and possibly eliminating the severe shortage of lungs for transplant that exists today.

Earlier this month, Carolina Donor Services received notice from the U.S. Health Resources and Services Administration that $1.2 million in funding for the three-year study had been approved.

"This research has the potential to save more lives by increasing lung transplantation," said Burton J. Mattice, MBA, CPTC, principal investigator of the study and chief operating officer at Carolina Donor Services.

"Another benefit of this project is that it will allow us to offer more families the option of organ donation. We are privileged to work with many donor families who find it comforting to know that their loved one has helped others have a second chance at life. We are very pleased that this project will enable us to provide this option to even more families," Mattice said.

The study's co-principal investigator is Thomas M. Egan, MD, a UNC transplant surgeon and professor.

"We have large amount of data from studies in animals that lungs may be useful for transplant even if they are retrieved hours after death," Dr. Egan said. "This is an untapped resource, and if we can predict successful lung function from these donors, then thousands more lungs may be available for transplant to help patients with end stage lung disease."

Currently, lungs and other solid organs are retrieved from donors who are brain dead but whose hearts are still beating with assistance of mechanical ventilation. It is necessary to keep the heart beating until organs are removed, so that organs do not deteriorate due to a lack of blood and oxygen. Because of this requirement, most organs from people who die outside of the hospital setting — referred to as "donors after cardiac death" by transplant specialists — are generally not suitable for transplant.

"Cells in the lung do not rely on blood flow to provide oxygen," explains Dr. Egan. Research conducted by Dr. Egan and others shows that lungs can remain suitable for transplant hours after the heart has stopped, because lungs can be kept sufficiently oxygenated by artificial means before they have been removed from the body.

So, the CDS-UNC study will retrieve lungs from patients who arrive dead or who die in emergency rooms in the CDS service area. Then, technicians will evaluate the suitability of these lungs for transplant. They will also perform tests to determine the best methods for storing lungs between removal and transplant and improving the function of lungs that have been retrieved. Lungs that are deemed suitable will be offered for transplant to patients on the lung transplant waiting list at UNC Hospitals.

The results of the study will enable researchers to estimate what percentage of lungs from patients after cardiac death might be suitable for transplant. According to current estimates, only about 20-25 percent of conventional (i.e., brain dead, heart beating) organ donors have lungs that are suitable for transplant. The addition of lungs from donors after cardiac death to the supply of organs available for transplant holds the promise of eliminating the shortage and expanding criteria for lung transplantation, Dr. Egan said.

Almost 4,000 people in the United States are currently on the waiting list for lung transplants. Those awaiting lung transplants face annual increases in waiting time and the number of people who die while waiting. Over the last five years only about 920 people a year received lung transplants on average, and more than 2,500 died in the United States over the last five years while waiting.

More than 250 lung transplants have been performed at UNC Hospitals since the program began in 1990.

UNC researchers awarded $8.65 million from National Institute on Aging

A team of UNC scientists has been awarded a federal grant of $8.65 million to investigate the molecular basis of blood vessel aging and its role in the development of vascular disease, including heart attack.

The five-year grant comes from the National Institute on Aging, a component of the National Institutes of Health.

New information gleaned from this basic research could offer new treatment strategies for cardiovascular disease, the researchers said.

"Aging is a strong predictor of cardiovascular disease," said Cam Patterson, MD, professor of medicine and director of UNC's Cardiovascular Biology Center. "Eighty percent of people over 80 years old will have some form of CVD. But of all risk factors for cardiovascular disease, aging is the least well understood."

Several medical school faculty, each an expert in a specific cellular molecular pathway, are collaborating in the research.

Dr. Patterson contributes an expertise in "chaperones" and related cellular molecules that decide the fate of malformed proteins in heart muscle, either fixing them or slating them for destruction.

Marschall Runge, MD, a cardiovascular researcher, also professor and chair of internal medicine and president of UNC Physicians, studies the role

From left, seated, Drs. Susan Smyth, James Faber and Cam Patterson. Standing, Drs. David Clemmons and Marschall Runge.

in heart disease of "reactive oxygen species," or free radicals, including how these molecules are involved in DNA damage, gene expression and atherosclerosis.

David Clemmons, MD, professor of medicine and biochemistry and biophysics, is the grant's principal investigator. He also is director of the endocrinology division in the department of medicine and is recognized as the leading expert internationally in the biology of insulin-like growth factor, IGF-1. In human and animal studies, IGF-1 is known to play a role both in atherosclerosis and aging.

Also key to the research funded by the grant are two School of Medicine laboratories. Susan Smyth, MD, assistant professor of cardiology, directs a comprehensive, state-of-the-art cardiovascular phenotyping laboratory that examines heart and vascular function. James Faber, MD, professor of cell and molecular physiology, directs an advanced histology facility to explore the expression of myriad genes that may play important roles in vascular aging.

"We will collaborate in developing animal models that have defects in these pathways or defects in multiple pathways. This will help us get to the individual contribution of each pathway to the process of vascular aging," Dr. Patterson said.

"We're hoping that the new knowledge gained will provide a basis for intervention strategies, which will be the next phase of this project."

— Leslie H. Lang

New structural biology facility enhances protein structure, function research

A newly refurbished structural biology facility at the UNC School of Medicine is enhancing research into protein structure and function.

The R.L. Juliano Structural Bioinformatics Core Facility honors Rudy Juliano, PhD, professor of pharmacology and former department chair.

"Structural biology is an important area that allows us a better understanding of proteins that are involved in the body's responses to drugs," Dr. Juliano said.

Proteins are produced from genes as simple unfolded amino acid chains, but almost immediately fold themselves into a three-dimensional structure that creates the active interfaces required for the protein to perform its function.

An incorrectly folded protein may lead to diseases such as Alzheimer's. Thus, knowledge of the folded structure of a protein is essential to understanding its function in health and disease, Dr. Juliano said.

Having begun in 1997 with five computers and a room nicknamed "the closet," the new core facility is nearly three times its former space, allowing room for nine computers, audiovisual facilities and a conference area.

"Part of my goal in supporting the facility is to make this kind of resource available to people who aren't themselves trained as structural biologists," said Gary L. Johnson, PhD, professor of pharmacology and department chair.

Johnson's research into hemorrhagic stroke uses the facility to study mutations in a group of recently discovered proteins. Mutations lead to changes in protein structures, which influence their folding, and this may alter a person's susceptibility to stroke, Dr. Johnson said.

Knowledge of protein structure also is useful in drug design. Knowing the shape of the target protein makes it possible to search a database for molecules that will interact with it, said Dr. Brenda Temple, the core facility's director.

"We can narrow the field of potential drugs, thus dramatically speeding up the process of drug discovery," Dr. Temple added.

One of the biggest benefits may come from genome research, Dr. Temple said. Inferring a simple protein sequence from a gene is a relatively easy process, but a facility such as UNC's core facility is necessary to translate that into a functional protein, she added.

"We try predict the protein structure based on the closest experimental structures," Dr. Temple said, adding that sophisticated software algorithms then enable modeling of the unknown protein's three-dimensional structure.

"We can help view protein structures, find the active sites, and we can in some cases help predict how a mutation may explain a result," Dr. Temple said.

Funding for the core facility was provided by a number of UNC sources: the departments of biochemistry and biophysics, cell and developmental biology, pharmacology, microbiology and immunology; the Program in Molecular Biology and Biotechnology; Academic Technology and Networks; the School of Medicine's Office of the Dean; and UNC Lineberger Comprehensive Cancer Center.

— Jan McColm

UNC's Reproductive Endocrinology named one of top U.S. infertility clinics

The Division of Reproductive Endocrinology in the Department of Obstetrics and Gynecology at UNC Hospitals was identified as one of America's top infertility clinics in an article in the July 2004 issue of *Town & Country* magazine.

UNC was one of only 12 centers listed and was the only center from the Southeast on the list, which appears on page 116 of the magazine, as part of a package of articles published under the heading, "Town & Country's Guide to Infertility."

"We're honored to be recognized as one of the nation's leading centers for the evaluation and treatment of infertility," said Marc Fritz, MD, division chief. "We're fortunate to have four certified subspecialists in Reproductive Endocrinology, a talented embryologist, experienced nurses, and a dedicated technical and administrative support staff, all committed to providing the very best care that modern medicine has to offer couples having reproductive problems."

The list was published under the heading, "America's Top Infertility Clinics." An introduction to the list says, "To help you or someone you know choose a center, we present this list of some of the best hospital-affiliated clinics around the country (and noted doctors who work there), produced by Castle Connolly Medical, a trusted publisher of consumer health-care guides, including America's Top Doctors. Its physician-led team of researchers has identified these clinics based on its ongoing consumer-health research."

Dr. Fritz is one of 49 UNC physicians who were included in the most recent edition of America's Top Doctors. UNC's showing placed it at No. 19 in Castle Connolly's list of the top 50 hospitals by doctor count. More than 40 doctors at UNC Hospitals have been included each year since the book's first edition was published in 2001.

New Hernia Center established

UNC's Department of Surgery has created a new Hernia Center to streamline the treatment of hernias at UNC Hospitals.

Industry trends during the past 15 years indicate that the care for hernia patients has changed considerably, mostly due to improved and novel technologies for hernia surgery. There are also indications that hernia surgeons, as specialists, improve outcomes and cost. Modern trends in hernia surgery are determined by new and ongoing developments in hernia surgery and the need for appropriate teaching and outcome research.

Faculty members who will be part of the new Hernia Center include Anthony A. Meyer, MD, PhD, Edmund Rutherford, MD, Hartwig Bunzendahl, MD, Kevin Behrns, MD, and Timothy Farrell, MD. A close collaboration with other services is in place and will be continued, in particular the Plastic Surgery Service, with expertise in various techniques of reconstruction of the abdominal wall, and the Urology Service, which collaborates in the care of hernia patients.

A central piece of the Hernia Center structure is the post-operative evaluation. This will include clinical outcome parameters, cost issues, and CQI features. The complete inclusion of all adult hernia cases in this central evaluation program with prospective data collection is a core feature of the Hernia Center.

The establishment of a Hernia Center with its proposed structures, care pathways, outcomes and potential for innovation is expected to position UNC as a regional leader in hernia surgery.

UNC doctors honored on two new 'best doctors' rankings

For the fourth year in a row, doctors at UNC Hospitals have made a very strong showing in a compilation of the nation's leading medical specialists.

Forty-nine UNC Hospitals physicians are listed in the fourth edition of *America's Top Doctors*, a book published annually by Castle Connolly Medical Ltd. UNC's showing placed it at No. 19 in Castle Connolly's list of the top 50 hospitals by doctor count. More than 40 doctors at UNC Hospitals have been included each year since the book's first edition was published in 2001.

Castle Connolly selected the doctors included in the book through a process that began with the mailing of surveys to more than 250,000 physicians, who were asked to nominate the top people in their specialties. The company also conducted an online survey and thousands of telephone interviews to come up with a list of about 25,000 nominees. Those doctors were asked to complete extensive biographical forms. Castle Connolly then reviewed their professional backgrounds and checked their disciplinary and license histories.

The result, according to Castle Connolly, is a "carefully researched and highly selective list of the top specialists in the nation" who are "recognized by their peers for their excellence in providing care for specific diseases and problems."

The UNC physicians, listed by medical specialty, were:

Adolescent Medicine – Dr. Carol Ford
Cardiology – Dr. Sidney Smith
Child Neurology – Dr. Robert Greenwood
Diagnostic Radiology – Dr. Etta Pisano
Endocrinology, Diabetes & Metabolism – Dr. Shelton Earp, Dr. David Ontjes
Gastroenterology – Dr. Douglas Drossman, Dr. Balfour Sartor
Geriatric Medicine – Dr. Mac Andrew Greganti, Dr. Laura Hanson

Gynecologic Oncology – Dr. Wesley Fowler
Infectious Disease – Dr. Myron Cohen, Dr. Frederick Sparling, Dr. Charles van der Horst
Internal Medicine – Dr. Timothy Carey
Maternal & Fetal Medicine – Dr. Nancy Chescheir, Dr. John Thorp
Medical Oncology – Dr. Richard M. Goldberg, Dr. Mark Graham, Dr. Beverly Mitchell, Dr. Thomas Shea, Dr. Mark Socinski
Neonatal-Perinatal Medicine – Dr. Alan Stiles
Nephrology – Dr. Ronald Falk
Obstetrics & Gynecology – Dr. John Steege
Ophthalmology – Dr. Travis Meredith
Orthopaedic Surgery – Dr. Timothy Taft
Otolaryngology – Dr. Harold Pillsbury, Dr. Mark Weissler
Pediatrics – Dr. Melvin Levine, Dr. Jacob Lohr, Dr. Louis Underwood
Pediatric Gastroenterology – Dr. Marc Rhoads
Pediatric Otolaryngology – Dr. Amelia Drake
Pulmonary Disease – Dr. James Donohue, Dr. David Henke
Radiation Oncology – Dr. Jan Halle, Dr. Julian Rosenman, Dr. Joel Tepper
Reproductive Endocrinology – Dr. Marc Fritz
Rheumatology – Dr. Nortin Hadler
Surgery – Dr. Christopher Baker, Dr. Kevin Behrns, Dr. Mark Koruda, Dr. Anthony Meyer
Thoracic Surgery – Dr. Thomas Egan
Urology – Dr. Culley Carson, Dr. Stephen Shaban
Vascular & Interventional Radiology – Dr. Matthew Mauro
Vascular Surgery – Dr. Blair Keagy

In additional rankings news, 79 UNC physicians were identified as among the state's best doctors in the July issue of Business North Carolina magazine.

This is the third year that Business North Carolina has issued top doctor rankings. The 2004 list was compiled for the magazine by Boston-based Best Doctors Inc. Only about 4 percent of North Carolina's 16,000 licensed physicians made the list.

"I am very proud of the many UNC physicians who have been recognized for their excellence by Business North Carolina," said William L. Roper, MD, MPH, dean of the School of Medicine and CEO of UNC Health Care. "This recognition demonstrates that patients who come to UNC are treated by doctors who are the best in the business."

All of the UNC physicians listed provide patient care at UNC Hospitals in Chapel Hill and, in many cases, at one or more of the 16 UNC Health Care clinics in central North Carolina. The UNC doctors named as the "state's best doctors," listed by medical specialty as reported in the magazine, are:

Cardiovascular Disease – Dr. Marschall S. Runge, Dr. Sidney C. Smith Jr.
Dermatology – Dr. Luis A. Diaz, Dr. Lowell Alan Goldsmith
Endocrinology and Metabolism – Dr. John B. Buse, Dr. David A. Ontjes
Gastroenterology – Dr. Eugene M. Bozymski, Dr. Douglas A. Drossman, Dr. William D. Heize, Dr. Kim Isaacs, Dr. R. Balfour Sartor, Dr. Nicholas J. Shaheen
Infectious Disease – Dr. Joseph J. Eron Jr., Dr. Charles M. van der Horst
Medical Oncology and Hematology – Dr. Stephen Alan Bernard, Dr. Richard Goldberg, Dr. Thomas C. Shea, Dr. Gilbert C. White II
Nephrology – Dr. Ronald J. Falk, Dr. Gerald Hladik
Neurology – Dr. Colin D. Hall, Dr. James F. Howard Jr.
Obstetrics and Gynecology – Dr. Nancy C. Chescheir, Dr. Wesley C. Fowler Jr., Dr. Marc A. Fritz, Dr. David A. Grimes, Dr. William R. Meyer, Dr. Kenneth Joseph Moise, Dr. Valerie M. Parisi, Dr. John M. Thorp, Dr. Honor M. Wolfe
Ophthalmology – Dr. Kenneth L. Cohen, Dr. Jonathan J. Dutton, Dr. Travis A. Meredith
Orthopaedic Surgery – Dr. Donald K. Bynum, Dr. Edmund R. Campion, Dr. Laurence E. Dahners, Dr. Douglas R. Dirschl, Dr. Paul Lachiewicz, Dr. Timothy N. Taft
Otolaryngology – Dr. Amelia F. Drake, Dr. Harold C. Pillsbury III, Dr. Brent A. Senior, Dr. William W. Shockley, Dr. Mark C. Weissler
Psychiatry – Dr. L. Jarret Barnhill, Dr. Robert A. Bashford, Dr. Alan Beeber, Dr. James Cameron Garbutt, Dr. Robert N. Golden, Dr. John Haggerty, Dr. Thomas M. Haizlip, Dr. Joseph P. Horrigan, Dr. David S. Janowsky, Dr. Jeffrey A. Lieberman, Dr. Albert Jackson Naftel, Dr. Diana O. Perkins, Dr. Joseph Piven
Pulmonary and Critical-Care Medicine – Dr. Brian A. Boehlecke, Dr. Richard C. Boucher, Dr. Michael Ray Knowles, Dr. Linda Paradowski, Dr. Maria Patricia Rivera, Dr. James R. Yankaskas
Radiation Oncology – Dr. Julian G. Rosenman, Dr. Joel E. Tepper
Rheumatology – Dr. Mary Ann Dooley, Dr. Nortin M. Hadler
Surgery – Dr. Christopher C. Baker, Dr. Jeffrey H. Fair, Dr. Anthony A. Meyer
Surgical Oncology – Dr. Benjamin F. Calvo
Thoracic Surgery – Dr. Frank C. Detterbeck, Dr. Thomas M. Egan, Dr. Michael R. Mill, Dr. Peter Starek (now retired)
Urology – Dr. Culley C. Carson III, Dr. Raj S. Pruthi, Dr. Stephen F. Shaban

UNC's stroke program awarded certification by Joint Commission

UNC Health Care's Stroke Treatment and Prevention Program has been awarded disease-specific care certification in the first-ever nationwide certification program for evaluating stroke care provided by hospitals.

This certification was awarded by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) as part of its Disease-Specific Care Certification program for stroke centers, a new initiative launched last November. As of July 15, only 20 stroke centers nationwide appeared on a list of disease-specific care certified organizations published on the Joint Commission's Web site.

"With our current setup, the UNC Stroke Program is able to provide state-of-the-art clinical care, research, and education to patients in the state of North Carolina. We are extremely pleased that the UNC Stroke Program has been selected for this prestigious recognition as a JCAHO-certified stroke center," said Souvik Sen, MD, the program's director.

Reviewers from the Joint Commission evaluated the Stroke Treatment and Prevention Program at UNC Hospitals in June to assess its commitment to the Joint Commission's state-of-the-art national standards and performance measurement

expectations for the management of chronic care illnesses. The certification process involved a detailed on-site visit and included visits to the areas of UNC Hospitals actively involved in the care of stroke patients, including the Stroke Treatment and Prevention Unit and the departments of Emergency Medicine, Physical Medicine and Rehabilitation and Radiology.

In addition, reviewers performed a complete assessment of the stroke care guidelines developed and utilized by the stroke neurologists at UNC. In a report that resulted from the visit, the Joint Commission noted approvingly that the UNC stroke program treats acute stroke patients with a clot-busting medicine called TPA, or tissue-plasminogen activator, at a rate more than three times the national average.

The certification emphasizes the fact that UNC's Stroke Program meets the national standards and recommended guidelines for care of the stroke patients outlined by the Joint Commission.

"Joint Commission Disease-Specific Care Certification assures consumers and purchasers that UNC's Stroke Treatment and Prevention Program is committed to quality and safety excellence," said Maureen Connors Potter, executive director of the Joint Commission's Disease-Specific Care Certification Program. "It is the Gold Seal of Approval for health-care quality and safety."

UNC is located in the "stroke belt," an area with one of the highest stroke-related death rates in the country. It serves as a referral center for stroke patients from all over the state for purposes of diagnosis, prevention and treatment of stroke. Expertise at UNC makes it possible for treatments with advanced protocols including clot busting and endovascular techniques, which average around 1 percent at most centers, to be administered at an exceptionally high rate of 7-8 percent.

As part of a major academic medical center, the UNC Stroke Program is also leading the way in stroke research. The certification as a stroke center confirms the commitment of the UNC Hospitals to provide excellent stroke care to the residents of North Carolina.

The UNC Stroke Program is a comprehensive, multi-department program led by the Department of Neurology. It was established under the leadership of Frank Longo, MD, chair of Neurology, in 2002. The Stroke Program currently includes three fellowship-trained stroke faculty members (Drs. Sen, Ana Felix and David Huang) and a stroke-care coordinator (Susan Wilson, NP), all of whom have played major roles in its development. The Stroke Program includes an acute stroke team, a state-of-the-art, six-bed Stroke Treatment and Prevention Unit, a stroke clinic, and stroke research efforts including a stroke statistics database and clinical trials.

The program is supported by excellent nursing with special stroke training and ancillary service team members trained as physical and occupational therapists, dietary experts, speech therapists and social workers critical to providing high-quality stroke care. The program has active collaborations with other departments, divisions and schools at UNC, including Allied Health Sciences, Cardiology, Emergency Medicine, Interventional Neuroradiology, Neurosurgery, Vascular Surgery and the School of Public Health. The program is also supported by UNC Health Care's Air Care and Ground Transport Services, which allows UNC to extend tertiary-level stroke care to remote areas of North Carolina.

National Parkinson Foundation designates UNC as a 'Center of Excellence'

The National Parkinson Foundation has designated UNC as an NPF Center of Excellence.

With this accolade, the UNC School of Medicine and UNC Hospitals became the first medical center in North Carolina to join the ranks of only 42 NPF Centers of Excellence worldwide. UNC is the only such center in the North Carolina, South Carolina, and Virginia region.

"This is quite an honor for our Parkinson's program," said Xuemei Huang, MD, an assistant professor in UNC's Department of Neurology and medical director of the newly designated NPF Center of Excellence at UNC Hospitals. "It is a validation of our department's increased focus on neurodegenerative disorders over the last three years. That is leading to better patient care informed by the latest cutting-edge research."

After finishing her medical training, Dr. Huang earned a Ph.D. and completed postdoctoral training in Parkinson's-related research. Then she completed a clinical movement disorder fellowship at Emory University in Atlanta. She joined the UNC faculty in 2002 when she founded the Movement Disorders Clinic. She was soon joined by Richard Murrow, MD, and the number of Parkinson's patients treated in the clinic has since grown to more than 300. Parkinson's disease is the second most common age-related disorder after Alzheimer's, and the number of people with Parkinson's is expected to increase dramatically over the next 10-12 years as the population of people aged 65 and older expands.

The NPF notified UNC of the designation in a letter to Dr. Huang. "This designation constitutes NPF's public seal of approval, defining the gold standard in Parkinson research, support and care," the letter said. The letter said further that UNC is eligible to apply for grants from the foundation next year to support basic or clinical research, comprehensive

HUANG

news

care for Parkinson disease and outreach services. One of UNC's near-term goals for its NPF Center of Excellence is to hire a full-time outreach coordinator.

According to the NPF's Charter for Centers of Excellence, these centers "are expected to assume a leadership position in the provision of innovative models of service and in the development of community relations to support health-promotion efforts in Parkinson disease."

"In short, a Center of Excellence is expected to be the place to which persons with Parkinson disease, caregivers and families, health-care providers, and others in the community turn for the most up-to-date research, specialized services, support, information and referral services for Parkinson disease," the Charter says.

UNC's Department of Neurology has been actively caring for patients with Parkinson's disease since the opening of N.C. Memorial Hospital in 1952. And in the last two years, there has been a rapid expansion in resources and expertise devoted to Parkinson's disease at UNC.

Frank Longo, MD, chair of the department, has made movement disorders such as Parkinson's disease a high-priority area. To provide state-of-the-art clinical care, he recruited several new faculty members, including Drs. Huang, Murrow, Alexander I. Tröster and Daniel Kaufer,

Dr. Huang leads UNC's translational research program in Parkinson's disease and Murrow is developing a nationally recognized deep brain stimulation program. Tröster, brings recognized expertise in cognitive and related aspects of Parkinson's disease, including caregiver coping and quality of life issues. Kaufer was recruited to head the memory and cognitive disorders division, and provides expertise in managing cognitive and neuropsychiatric symptoms that commonly occur in Parkinson disease.

Together this reflects the strong commitment at UNC to provide the highest level of care for individuals with Parkinson's disease and related disorders.

Basic and clinical neuroscience research related to Parkinson's disease also is flourishing at UNC. William Snider, MD, professor and director of UNC's Neuroscience Center since 2000, is the principal investigator for a center grant from the National Institute of Neurological Disorders and Stroke (NINDS) that supports molecular, genetic, and high-resolution imaging approaches in neuroscience research.

Richard Mailman, PhD, a professor and director of the Division of Psychobiology and Research in UNC's Department of Psychiatry, leads the basic research initiative in Parkinson disease. Dr. Mailman is recognized as a pioneer in the therapeutic development of D1 dopamine agonists, one of the most promising therapeutic directions on the horizon for Parkinson's.

Dr. Huang currently has an NIA-funded career development award to investigate the neural circuitry of motor dysfunction in Parkinson disease using functional MRI techniques. She and J. Douglas Mann, MD, a professor in the Department of Neurology, have been awarded an NIH planning grant to evaluate the use of Korean acupuncture to treat Parkinson patients.

Dr. Tröster, a native of Austria, is a member of the National Institutes of Health Workgroup on Cognition and Emotion in Parkinson disease and the Congress of Neurosurgeons/Movement Disorder Society Consensus Group on Deep Brain Stimulation. He was recruited to UNC in 2003, where he is continuing ongoing collaborative research into the neurobehavioral outcomes of deep brain stimulation (DBS) and the mechanisms underlying language changes observed with DBS.

TRÖSTER

KAUFER

Dr. Kaufer previously worked in the Center for Excellence for Parkinson disease at the University of Pittsburgh. He was recruited to UNC in 2003 and his primary research interest is in the overlap between Alzheimer's and Parkinson disease, where he will apply genetic and functional magnetic resonance imaging (MRI) methods to improve clinical differential diagnosis.

Navigant Consulting hired for fiscal growth prescription

To ensure future financial growth, UNC Health Care has retained Navigant Consulting, Inc. to assess its hospitals, group practice and academic enterprise.

Like its peer institutions across the nation, UNC's academic medical center faces significant fiscal challenges prompted by recent changes in the health-care industry; especially the combined effects of increased patient-care costs and dramatic decreases in reimbursement. UNC Hospitals has balanced revenues and expenses in recent years and has budgeted a 1.5 percent return for the 2005 fiscal year. But capital needs are soaring and salaries are increasing for hard-to-recruit health professionals.

Navigant Consulting has been examining all aspects of the medical center and is preparing a report that will chart a plan for increasing revenue and decreasing costs.

"Academic medical centers are among the most financially complex organizations in the business world. Experience at our peer institutions has shown that implementation of best practices is critical in setting standards for financial improvement for the hospitals and group practice," said William L. Roper, MD, MPH, dean of the School of Medicine and CEO of UNC Health Care.

"Navigant Consulting has developed unique expertise in the field of academic medical centers. Their clients include the medical centers at the University of California at Los Angeles, the University of Pennsylvania, Johns Hopkins University and the University of California at San Diego. Their perspective will help us quickly determine our course of action for fiscal health," he added.

Navigant Consulting, Inc. is a specialized independent consulting firm providing litigation, financial, restructuring, strategic and operational consulting services to government agencies, legal counsel and large companies facing the challenges of uncertainty, risk, distress and significant change.

The company focuses on industries undergoing sub-

stantial regulatory or structural change and on the issues driving these transformations.

In the health-care arena, Navigant Consulting works with health-care providers, payers and life science companies to help improve their strategic, operational and financial performance. Navigant Consulting's clients include hospitals, health systems, physician practices, health plans, managed care organizations, pharmaceutical companies, biotech companies, medical device manufacturers, bond insurers, state and federal government agencies, corporate legal departments and law firms.

Navigant Consulting's professionals include individuals with experience as hospital, health plan, and health-care financing program executives as well as CPAs, PhDs, MDs, RNs and many other clinical professionals.

Stewart appointed chief financial officer

William L. Roper, MD, MPH, dean of the School of Medicine and CEO of the UNC Health Care System, has appointed W. Alan Stewart chief financial officer for UNC Health Care.

Stewart has served as UNC Health Care's interim CFO since March 15. His new appointment as CFO was effective July 19.

In that role, he oversees financial services for UNC Health Care and the School of Medicine. Stewart will work closely with UNC Hospitals Chief Financial Officer Charles Ayscue and financial officers of Rex Healthcare, UNC Physicians & Associates and the UNC School of Medicine.

"I am pleased that Alan Stewart will be joining us on a permanent basis," Dr. Roper said. "He will prove to be a great asset to this organization as we move forward to reaching our financial goals."

Stewart was the chief financial officer for Rex Healthcare in Raleigh from April 2001 until his retirement in January 2004. Prior to joining Rex, Stewart was chief financial officer for the Moses Cone Health System in Greensboro, N.C., from October 1997 until March 2001.

He served as chief financial officer of Wesley Long Community Hospital in Greensboro from September 1993 until September 1997, when Wesley Long merged with Moses Cone. Before joining the staff at Wesley Long, Stewart spent 10 years as associate director of fiscal services at UNC Hospitals, from 1983 to 1993. Stewart has also worked in public accounting and held positions in the Internal Revenue Service and the U.S. Air Force.

Stewart is a graduate of Fairmont State University in Fairmont, W.Va., and is a certified public accountant. He and his wife Kay have a son, Grant, who lives in Wilmington, N.C.

New grant funds educational program in medical Spanish

The School of Medicine has received a $425,000 four-year grant from The Duke Endowment to launch a new four-year program that will train medical students to care for Spanish-speaking patients without an interpreter. The program, Comprehensive Advanced Medical Program of Spanish (CAMPOS), is designed for incoming medical students who already have a solid foundation in the language. Each year about 20 incoming students will be recruited into the program. For the academic year 2004-05, 23 were accepted.

To optimize efficiency in an already packed medical school curriculum, CAMPOS will be integrated into existing courses. For example, when first-year students take Introduction to Clinical Medicine and are assigned to work in community settings, those in CAMPOS will be placed in clinical sites serving high numbers of Spanish-speaking patients. They also will participate in didactic sessions, a community service project and at least one immersion elective in a Spanish-speaking country. Students will complete a series of standardized language evaluations in their fourth year, including an authentic assessment that involves interviewing and examining four Spanish-speaking patients.

CAMPOS is a collaborative effort among the UNC Departments of Medicine and Family Medicine and the Education for Lifelong Service, the organization that supports community service and service learning within the School of Medicine. Participating Department of Medicine faculty members include the CAMPOS director, Dr. Daniel Reuland, and Dr. Marco Aléman. Family Medicine faculty members include Drs. Beat Steiner, Pamela Frasier, and Ms. Lisa Slatt.

For more information about CAMPOS, please contact Lisa Slatt at slatt@med.unc.edu.

Cardiology, Medicine sponsor joint series

The UNC Heart Center conducted a "Discovering Medicine Series" on Sept. 18 and 25 at the UNC Wellness Center at Meadowmont in Chapel Hill.

The two-part "mini-medical" series – a joint effort of the Division of Cardiology and Department of Psychiatry – was geared toward the public and provided an expert look at various aspects of heart health in lay terms. Among the topics covered were "Blood Pressure and Family Ties," "Depression and Heart Disease," "Understanding the New Cholesterol Management Guidelines" and "Prevention and Exercise."

Speakers for the programs included Drs. Kathleen Light and Bradley Gaynes of Psychiatry and Drs. Ross Simpson and Paula Miller of Medicine.

UNC advertising wins national Telly Award

The 2003-04 advertising campaign to promote the UNC Heart Center was recently honored with national television awards in the 25th Annual Telly Awards competition.

Founded in 1978, the Telly Awards honor outstanding television commercials and programs as well as the finest video and film productions from the most respected advertising agencies, production companies, television stations, cable operators, and corporate video departments in the world.

The campaign — conceived by UNC Health Care's advertising agency Jennings & Co. of Chapel Hill — received two Bronze Telly Awards for Rex Healthcare and UNC Health Care commercials.

A widely known and highly respected national and international competition, the Telly Awards receive over 10,000 entries from around the world. Each entry is judged on its own merit and competes against a high standard of excellence.

"We are very excited and proud that such a prestigious group of advertising professionals has recognized our efforts to promote our new Heart Center," said Lynn Wooten, assistant director of Public Affairs & Marketing. "Jennings did a terrific job, and we look forward to our next creative campaign."

"It's an honor to be recognized on a national and international level," said Bob Kochuk, Jennings creative director. "Winning a Telly further validates that a sound strategy can be creatively executed – even without the benefit of excessive production budgets. In short, a good idea is a good idea."

Jennings is a full-service agency that practices the philosophy of immersion—becoming deeply involved in every aspect of a client's business to achieve objective insight, unexpected solutions and dramatic results.

This summer, the agency handled the launch of UNC Health Care's advertising campaign focused on cancer programs.

Photos by Dianne Shaw

Filming for UNC's new cancer commercials took place largely in rural parts of Orange County. Television and print ads are raising awareness of UNC's work in the cancer field.

development

Scholarships give donors opportunity to 'lend name' to students

UNC medical alumni provide 51 Loyalty Fund Scholarships for in-state tuition each year. However, tuition continues to increase, requiring the Loyalty Fund to allocate a greater amount of its total dollars raised each year to finance them. For example, in 1994-95, scholarship support was 20 percent of the Loyalty Fund budget. In the current academic year, scholarships comprise over half of the budget, even though the Loyalty Fund is raising almost 50 percent more than in 1994-95.

During the Carolina First campaign, the goal is to secure commitments to endow these scholarships to ensure the 51 scholarships continue to be for full in-state tuition and to allow Loyalty Fund dollars to be used for programmatic support.

Thirty-five alumni have already pledged is to endow a scholarship of at least $100,000. Yet most of those commitments will be realized through planned giving vehicles. As a result, these are not yet fully funded. Between now and when those scholarships can be activated, there is a need to ensure that all 51 scholarships remain available to UNC medical students without having to cut other key medical school programs funded by the Loyalty Fund.

To bridge this gap, the "Lend Your Name" program was created in 2002. It offers donors a time-limited opportunity to lend a name to a scholarship for a term of four years with a Loyalty Fund commitment of $5,000 per fiscal year. That gift, in combination with additional Loyalty Fund dollars, will create a full in-state tuition scholarship ($7,700 in 2004-05) named after the donor, or as the donor directs, for the duration of the four-year funding period.

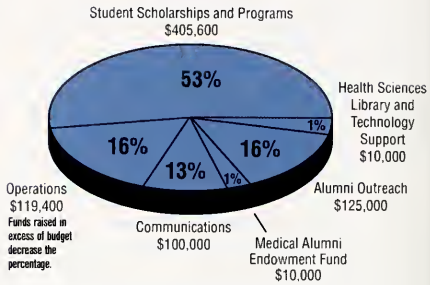
This is a great opportunity to help deserving medical and allied health students and form lasting relationships. To date the following time limited scholarships have been established.

- The Albergotti Loyalty Fund Scholarship – Dr. and Mrs. Julian S. Albergotti, Jr., MD '55
- The Darius H. Amjadi, MD Loyalty Fund Scholarship – Darius K. Amjadi, MD '96
- The William Borden Hooks Loyalty Fund Scholarship – W. Borden Hooks, Jr., MD '70
- The Howard/Avery Loyalty Fund Scholarship – Dr. Katrina H. ('91) and Mr. Elbert L. Avery
- The W. Evans Kemp Loyalty Fund Scholarship – W. Evans Kemp, MD '91
- The Edward A. "Ted" Sharpless Loyalty Fund Merit Scholarship – Drs. Edward A. ('61) and Martha K. Sharpless ('59) and Drs. Norman E. ('93) and Julie L. (Faculty) Sharpless
- The Robert R. Walther, MD Loyalty Fund Scholarship – Dr. and Mrs. Robert R. Walther '73

Donors can pay the gift in installments over the course of a fiscal year and are automatically members of the Co-Founders Club and the Chancellors' Club. The gift will also count for The Carolina First Campaign.

Loyalty Fund Budget

FY 2004-05
$770,000



The fiscal year 2004-05 budget/fund-raising goal for the Loyalty Fund, the unrestricted annual fund for Medical School Alumni, has increased to $770,000. From this, $375,600 is earmarked for 51 scholarships. This is more than a doubling of scholarship support through the Loyalty Fund in the last ten years. Other priorities are to enhance methods to communicate, educate and interact with alumni, provide support for the Health Sciences Library and to continue building an endowment to sponsor research and teaching opportunities for students, residents and junior faculty.

If you have an interest in helping a deserving medical student through a limited-time scholarship, please contact Jane McNeer, Stephanie Stadler or Brad Wilson for more information at (800) 962-2543 or (919) 966-1201.

Fidelity delivers teddy bears to N.C. Children's Hospital

Representatives from the Raleigh and Research Triangle Park offices of Fidelity Investments donated more than 1,400 teddy bears to the N.C. Children's Hospital.

A presentation ceremony took place on Aug. 25. Speakers included Craig Daingerfield, senior vice president of Fidelity, and Carolyn Viall, clinical director of Nursing.

Hug-a-Bear is a program that Fidelity has been conducting nationwide for the past 10 years. Along with several other community-related campaigns, Hug-a-Bear is part of the "Fidelity Cares" company-wide initiative. The program provides Fidelity's employees a way to assist organizations that support children in stressful situations and provide comfort to them in times of need.

In 2003, the Raleigh and RTP Fidelity offices donated 1,400 stuffed animals to the Raleigh police and fire departments. This year they have already exceeded their goal of 1,500 stuffed animals. A minimum of 1,400 will be given to the N.C. Children's Hospital. Departments within Fidelity Investments competed to see who could raise the most money to purchase bears through raffles and fun contests.

10th annual Eric Montross basketball fund-raiser raises $60,000 for N.C. Children's Hospital

Former UNC and NBA basketball star Eric Montross has evolved from being a big man on campus to being a big-hearted husband, father and fund-raiser.

This year, Montross celebrated the 10-year anniversary of the Eric Montross Father's Day Basketball Camp, which began after Montross befriended Jason Clark, a cancer patient at the N.C. Children's Hospital more than a decade ago. The Montross camp began in memory of Clark, who lost his battle with cancer nine months after their first meeting.

The event brought in $60,000.

A fund-raiser for the N.C. Children's Hospital, this year's camp welcomed more than 200 campers and volunteers who learned about the game from one of UNC's most recognizable alumni. Voice of the Tar Heels Woody Durham spoke to participating fathers during a special address.

The camp opened at the Dean E. Smith Center with enthusiastic children and their fathers participating in photo opportunities with the 7-foot Montross. Montross talked to the group about the importance of volunteerism and service, as well as basketball.

Hours of coaching, drills and play followed, concluding with a pizza party. The next day awards were handed out and participants enjoyed barbecue.

"In our 10th year of benefiting the N.C. Children's Hospital, I continue to be amazed at the outpouring of support generated throughout the community for our camp," Montross said. "When camp began 10 years ago, I could have only hoped for the kind of positive impact we have been able to produce for the N.C. Children's Hospital. Basketball has been a great vehicle and allowed me to touch the lives of many people, as well as providing an enriching experience for me and my family."

Montross and his wife, Laura, live in the Chapel Hill area and have two children.

Having fun: A Montross camp participant.

Former UNC basketball star Eric Montross, left, started the basketball camp.

Dr. Sloane lands $1 million in Alzheimer's research support

Philip D. Sloane, MD, MPH, Elizabeth and Oscar Goodwin Distinguished Professor of Family Medicine, received a major award from the national Alzheimer's Association, along with $1 million in promised research support.

SLOANE

The money, given as part of the association's Pioneer Award, will pay for a research project at UNC titled, "Improving Medical Care of Assisted Living Residents with Dementia." Dr. Sloane is directing the project.

Presented at the 9th International Conference on Alzheimer's Disease and Related Disorders in Philadelphia, the award is the only one of its kind in the country and is one of the largest available to scientists investigating the progressive, degenerative neurological illness. The support it provides will cover five years.

The association recognizes one distinguished U.S. senior researcher annually, helping advance the recipient's work by providing financial resources and flexibility.

Dr. Sloane co-directs the Cecil G. Sheps Center for Health Services Research's Program on Aging, Disability and Long-Term Care at UNC.

The Gelfand family of Palm Springs, Calif., provided the money for this year's award as part of its continuing support for the association's research programs.

Emergency Physicians honor Dr. Hobgood

Cherri D. Hobgood, MD, FACEP, assistant professor and director of education in the Department of Emergency Medicine, has been named 2004 Emergency Physician of the Year by the North Carolina College of Emergency Physicians (NCCEP).

The award is presented to an emergency physician who has rendered outstanding service to the NCCEP and to the practice of emergency medicine in the state of North Carolina. The award was presented to Dr. Hobgood at the NCCEP Annual Business Meeting in Wrightsville Beach, N.C.

HOBGOOD

Dr. Hobgood received her medical degree from the UNC School of Medicine in 1989. She received her post-graduate training as an intern and resident at UNC Hospitals.

Dr. Hobgood served as President of the North Carolina College of Emergency Physicians from 2002-2003. She currently serves as one of six elected representatives from North Carolina to the American College of Emergency Physicians Council. She also serves on the council steering committee and is a for mer member of the Board of Directors of th Emergency Medicine Foundation, all affiliates of th American College of Emergency Physicians.

The NCCEP is a professional association rep resenting more than 600 practicing emergency roor physicians in North Carolina.

University taps Dr. Tresolini as associate provost

Carol P. Tresolini, PhD, of the School c Medicine has been named associate provost for aca demic initiatives, responsible for public service an outreach. She succeeds Dr. Stephen Allred, promote recently to executive associate provost.

Formerly director of the medical school' Office of Educational Development, Dr. Tresolini also i a research associate professor in the school's psych atry department. She joined the UNC faculty in 1995.

TRESOLINI

Dr. Tresolini wi oversee centers and inst tutes including the Acklan Art Museum, the APPLE service learning program, th Carolina Center for Publi Service, the Morehea Planetarium and Scienc Center, the N.C. Botanica Garden, the Sonja Hayne Stone Center for Blac Culture and History and th William and Ida Friday Cente for Continuing Education.

She also will overse campus wide education programs, academic facilitie planning and the Center for Teaching and Learning currently, she chairs the center's advisory committee.

Dr. Tresolini received her bachelor's degre from Duke University in 1972 and her master's an doctoral degrees at UNC in 1976 and 1991, respec tively.

Valerie Parisi heads to Texas

Valerie M. Parisi, MD, MPH, Robert A. Ros Professor and chair of the Department of Obstetrics and Gynecology and Obstetrician & Gynecologist-in-Chief for the North Carolina Women's Hospital since 1997, has been named dean of the School of Medicine at the University of Texas, Medical Branch at Galveston. Dr. Parisi began her tenure at UTMB on October 1, after receiving her Executive MBA on Sept. 11 from Kenan-Flagler Business School.

PARISI

Robert C. Cefalo, MD, PhD, long-time facul member in the department and current director Graduate Medical Education for the School Medicine, is serving as the interim chair of the depar ment. A search committee has been formed to condu a national search for a new chair; consideration candidates will begin immediately.

In other news:

Lisa Abaid, MD, assistant professor of Women's Primary Healthcare, recently completed her four-year residency with the Department of Obstetrics and Gynecology and will be working in the department on a part-time basis while securing a Gynecologic Oncology fellowship.

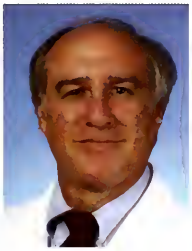
William T. Adamson, MD, recently joined the Division of Pediatric Surgery as assistant professor of Surgery. Dr. Adamson has written and contributed to numerous journal articles and books in addition to serving as an invited lecturer. His clinical interests include minimally invasive pediatric surgery, newborn bowel and thoracic surgery, surgical approaches to adolescent obesity, pediatric trauma, inflammatory bowel disease and necrotizing enterocolitis, and pediatric surgical oncology. Prior to coming to UNC, Dr. Adamson was an assistant professor of Pediatric Surgery at the Medical University of South Carolina in Charleston, S.C.

Thomas Bacon, DrPH, program director of the North Carolina Area Health Education Centers (AHEC) program, has received the 2004 Meritorious Service Award from the North Carolina Hospital Association (NCHA). Dr. Bacon was honored with the award, which recognizes outstanding service to the health-care field, at the NCHA Summer Meeting in Asheville.

Jane Brice, MD, MPH, assistant professor and director of medical student research, has been elected to the UNC Gamma Chapter of AOA for her exceptional teaching and mentoring of medical students.

Joshua Broder, MD, assistant professor of Emergency Medicine, has received two grants: the Medical Alumni Endowment Fund Grant and the 2004 Junior Faculty Development Award for his project *Laryngoscopy Instruction by Video Enhancement*. He also has been named assistant residency program director.

Myron Cohen, MD, professor of Medicine and Microbiology and Immunology and chief of Infectious Diseases, is program director of the Fogarty International Center/Ellison Medical Foundation Award. The program allows medical students the opportunity to train for one-year in China and to experience clinical research training in a developing country.



COHEN

Karen Erickson, PhD, associate professor of Speech and Hearing Sciences and director of the Center for Literacy and Disability Studies, was awarded the 2004 Education Award from the National Down Syndrome Congress in recognition of her accomplishments in helping to maximize the potential of individuals with disabilities including Down syndrome. The award was presented at the NDSC Convention in Minneapolis, Minn.

Dr. Erickson also gave the Don Johnston/AbleNet Distinguished Lecture. This prestigious award is given to professionals in the field of literacy who have demonstrated their passions and achievement in servicing people with severe disabilities. The award and Dr. Erickson's keynote address were presented at the Biennial Meeting of the International Society for Augmentative and Alternative Communication in Natal, Brazil.

James E. Faber, PhD, professor of Cell and Molecular Physiology, received two teaching awards: the 2004 University of North Carolina Distinguished Teaching Award for Post-Baccalaureate Education and the 2004 Faculty of the Year Award from the UNC Student National Medical Association.

Paul B. Farel, PhD, professor of Cell and Molecular Physiology, received special recognition at the awards ceremony of the 2004 Richard H. Whitehead Lecture. Dr. Farel received the Freshman Basic Science Teaching Award and accepted the Freshmen Basic Science Course Award for Medical Neurobiology on behalf of the course faculty.

Marc A. Fritz, MD, professor and chief of Reproductive Endocrinology and Infertility, is co-author of the new edition of the major textbook on the subspecialty: *Clinical Gynecologic Endocrinology and Infertility*.

FRITZ

Lisa Gangarosa, MD, assistant professor of Medicine, was appointed by the American Gastroenterological Association to be one of its two representatives to the AAMC's Council of Academic Societies (CAS).

Syndee Givre, MD, PhD, assistant professor of Ophthalmology and Neurology, has been selected as a School of Medicine Teaching Scholar for the period 2004-2005. The Teaching Scholars Program is designed to recognize and promote teaching as the critical faculty function that it is, and to improve teaching in the School of Medicine.

Nortin M. Hadler, MD, professor of Medicine and Microbiology and Immunology, recently wrote the third edition of the book "Occupational Musculoskeletal Disorders." The book is geared to physicians, other health-care providers and professionals in occupational musculoskeletal disorders. The third edition centers on the current approach to diagnosing and managing fibromyalgia and its sister functional somatic syndromes.

C. Scott Hultman, MD, recently was appointed chief of the Division of Plastic and Reconstructive Surgery and Surgery of the Hand. Dr. Hultman first joined the Department of Surgery in the Division of Plastic and Reconstructive Surgery in 2000.

Vicky A. LeGrys, DA, professor of Clinical Laboratory Science, recently received a RO1 grant from the National Heart, Lung and Blood Institute of the NIH. The 3-year project is titled, "Myocardial Infarction and Stroke in Subclinical Thyroid Disease (MIST)." MIST will examine the association of subclinical hypothyroidism and the risk of myocardial infarction (MI) and stroke in a large prospective cohort of post-menopausal women within the 93,676-member Observational Study of the Women's Health Initiative. Dr. LeGrys is a co-principal investigator of the study.

LENTZ

Barry R. Lentz, PhD, professor of Biochemistry and Biophysics, was recently announced as the recipient of the Biophysical Society's 2005 Emily M. Gray Award. The award recognizes his promotion of biophysics to young investigators, in particular his work on the society's minority affairs committee and his organization of the first-ever summer mini-course in biophysics. Dr. Lentz received the award, which honors significant contributions to biophysics education, at the society's annual meeting.

Travis Meredith, MD, distinguished professor and chair of Ophthalmology, was recently awarded the Ophthalmology's *Secretariat Award* by the American Academy of Ophthalmology. This award recognizes special contributions to the Academy and to ophthalmology. Dr. Meredith also has been appointed to the Board of Directors of the Association of University Professors of Ophthalmology.

Jackson Roush, PhD, professor and director of the Division of Speech and Hearing Sciences in the Department of Allied Health Sciences, has been named a Fellow of the American Speech-Language-Hearing Association.

Roshan Shrestha, MD, professor of Medicine, has been nominated to represent Region 11 (includes five U.S. states) in the United Network for Organ Sharing/Organ Procurement and Transplant Network Liver/Intestine Committee. He will serve a 2-year term and also will serve as chairman of the Region 11 Review Board.

Rebecca Socolar, MD, MPH, associate professor of Pediatrics and Social Medicine, has been appointed to the editorial board of *Child Abuse and Neglect: The International Journal*.

WATSON

Linda Watson, EdD, associate professor in the Division of Speech and Hearing Sciences in the Department of Allied Health Sciences, received a pilot research award from the National Alliance for Autism Research for a project titled, "Auditory Orienting and Language Outcomes in Children with Autism."

Deaths:

David A. Davis, MD, 86, died in July. Dr. Davis received a medical degree from Vanderbilt and was on the faculty of the Medical College of Georgia. In 1952 he became chair of the newly created Division (now a department) of Anesthesiology at N.C. Memorial Hospital. Dr. Davis, whose main concern was patient safety, made significant contributions to the field of anesthesiology. His contributions include reducing the then prevalent 1 in 1,000 anesthesia death rate. After retiring from UNC, Dr. Davis started Monitor Instrument, a company specializing in the design of audiometric devices. He later joined the faculty at Duke University and continued to design electronic medical instrumentation systems until his final retirement.

Judson J. Van Wyk, MD, 83, died in June. Dr. Van Wyk, who received his MD and postdoctoral training in pediatrics at Johns Hopkins University, came to UNC in 1955 and remained a member of the faculty for more than 50 years. He was instrumental in establishing the division of Pediatric Endocrinology and also was known worldwide for his seminal work in the diagnosis and treatment of hormonal growth abnormalities in children and adults.

from the president

Dear Fellow Alumni and Friends:

Chapel Hill is so beautiful on a fall weekend that even Thomas Wolfe would want to come home again. Every fall, our School of Medicine alumni have an open invitation to return home to Chapel Hill for fellowship with old classmates and faculty friends. This annual homecoming event is the Fall Medical Alumni Weekend, Oct. 29-30. The social aspects of the weekend include a banquet and reception on Friday evening and a Saturday pre-game "pig picking" barbecue. Unfortunately, the university has invited the Miami Hurricanes to be the guest at this year's homecoming football game. On a winning note, our medical school offers a full day of meaningful continuing medical education. This year's seven-hour CME course to be given on Friday is "Issues In Women's Health and Innovations in the Practice of Primary Care."

On the Saturday of Alumni Weekend, many classmates will meet to plan their 2005 Spring reunion (April 15-17, 2005.) Reunions will be held for School of Medicine graduates of class years ending in "O" or "5" between the years of 1945 and 1995. Alumni volunteers will also begin the 2004-05 campaign for the UNC Medical Foundation Loyalty Fund. These volunteers join with many other alumni volunteers from eight geographic areas in North Carolina and Georgia in contacting fellow classmates and colleagues about the many benefits of the Loyalty Fund.

The combined reunion and area campaign volunteers number greater than 400. Their hard work resulted in $763,000 being raised for the unrestricted Loyalty Fund during the 2003-04 campaign. This exceeded the 2002-03 campaign amount of $752,000. Of great significance was the 38 percent participation rate of our fellow classmates. These Loyalty Funds go to direct support of today's student and faculty through scholarships, professorships and research grants. Overall, in fiscal year 2003-04, about half of our alumni invested in many areas of our medical school for a combined total of nearly $2 million in unrestricted and restricted gifts.

If many of us, in our own private ways, are concerned about the future of medicine, I recommend assuaging these concerns by attendance at a Fall Medical Alumni Weekend. At the reception and banquet, Loyalty Fund Scholarship students and endowment fund grant recipients serve as our honored guests. Our future medical colleagues will surely impress you with their character, intelligence and dedication, as well as their commitment to our School of Medicine. The Class of 2004 campaign presented a check for $28,035 to the Loyalty Fund on May 7. They had an 84 percent participation in their class. What an inspiration and challenge to our older generations.

There is no better place to spend a fall or spring weekend than in Chapel Hill. I encourage you to indulge yourself this year and in future years.

Sincerely,

George W. Cox MD '66

CME/Alumni Calendar

Nov. 11-14 – Research Triangle Park
Hypnosis Treatment for Functional GI Disorders

Nov. 19-21 – Chapel Hill
Psychiatry Across the Ages and the Ham Symposium

Feb. 11-12 – Chapel Hill
Annual Geriatrics Conference

Feb. 26 – Chapel Hill
Pain, Addiction & the Law

March 18-19 – Chapel Hill
Improving Outcomes through Integrative Practice

March 31-April 2 – Hilton Head, S.C.
GI Malignancies

April 1-3 – Chapel Hill
GI Hepatology

April 13-15 – Chapel Hill
29th Annual Internal Medicine Conference

April 15-17 – Chapel Hill
Spring Medical Alumni Weekend & Class Reunions

May 16 – Chapel Hill
HIV Conference

June 16-19 – Kiawah Island, Fla.
Carolina Refresher Lectures

June 17-18 – Chapel Hill
GU Cancers

July 14-17 – Amelia Island, Fla.
Heart Failure Management

For more information, go to
www.med.unc.edu/alumni and www.med.unc.edu/cme.

Estate Planning Notice

Many individuals would like to make a major gift to the UNC medical center, but cannot commit current assets for such a purpose. Through a will, however, anyone can make a more significant gift than they might ever have thought possible by designating a specific sum, a percentage, or the residue of their estate for the benefit of the medical center.

To provide a bequest, simply include a paragraph in your will naming The Medical Foundation of North Carolina, Inc. as a beneficiary. For example:

"I give, devise and bequeath (the sum of $_____) or (_____ % of my estate) or (the residue of my estate) to The Medical Foundation of North Carolina, Inc., a 501(C)(3) created to maintain funds for the UNC medical center with principal offices located at 880 Airport Road, Chapel Hill, North Carolina."

This language creates an unrestricted bequest for use by the medical center when and where the need is greatest, or you may specify that your gift be used for a particular purpose.

For further information on bequests, contact Jane McNeer at (919) 966-1201, (800) 962-2543, or Jane_McNeer@unc.edu.

Nonprofit Organization
U.S. Postage
PAID
Chapel Hill, NC
Permit No. 24

PERIODICALS
HEALTH SCIENCES LIBRARY
CB 7585
CAROLINA CAMPUS